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CONSUMPTION

CURABLE;

A PRACTICAL TREATISE ON THE LUNGS.

TO PROVE

CONSUMPTION

A

MANAGEABLE DISEASE;

CONTAINING THE CAUSES, CURE AND PREVENTION OF
CONSUMPTION.

By J. S. ROSE, M. D.

"Graduate of the University of Pennsylvania, of the year 1830—Honorary
Member of the Medical Society Philadelphia, and Lecturer
on the Reformed Practice of Medicine."

NEW-YORK ;
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1847.

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Ster. & Print., 16 Spruce St., N. Y

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CONSUMPTION CURABLE.

MANY volumes have been written on this disease alone, with a view to establish its causes, character, and cure. The two former have long been better understood than the latter—a certain remedy has never, until very recently, been discovered. For, although we admit there have been in all ages instances of spontaneous cures, as well as those known to have been effected by art, still the number, when compared with those which continue to swell so fearfully the annual bills of mortality, affords a melancholy proof of the little progress made by physicians in perfecting the science of medicine, at least so far as this form of disease is concerned. Indeed most of them, discouraged by the general failure, acknowledged by all candid physicians, from generation to generation, and the disappointment experienced by those who rely on the formulæ laid down in the works of their predecessors, appear to have resigned all hope of effecting cures, and in most cases confine their attention to the palliation of the most urgent symptoms, by the use of those means which experience directs in these and similar cases.

What I now offer is an unprejudiced theory, confirmed by happy success in practice. And this I think must ever be the most effectual method to arrive at truth.

I am sensible of the force of prejudice, and also the many difficulties attending an attempt to eradicate long established errors, though supported by men of fame. Yet I have ventured on the task, and in obedience to duty and truth, have pointed out many absurdities in practice, which must appear evident to every candid and unprejudiced reader.

But it must be remembered by all, that in pointing out the results of errors, we do little, if we fail to amend them. This has been my chief object; and if writing what I must consider strictly true, be not a breach of modesty, I am decidedly of opinion, that this treatise will contribute more to the welfare of my fellow creatures, than any book I have seen or heard of on the subject of Consumption.

Where, I may ask, would surgery have looked for its improvements, had not the gigantic minds of Hunter, Bell, Home, Abernethy, Physic, Dorsey, Lawrence, and Parish, with a host of others, among the departed, rendered clear the supposed mysteries of nature's operation in the cure of disease, and by a well-timed application of art, shortened and speedily removed the cause of suffering?

The discoveries of these great men are too well known to need repetition here.

Happily there are those among us still who possess the same zeal for research. Soon after the great operations of M. Heurteloup, Leroy, and Civiale, for the destruction of calculus in the urinary bladder,

we found many of our American surgeons performing the same operation. The success of Randolph, McClellan, Gibson and others, is well known.

The division of tendons for the cure of deformity, was looked upon—but a few years ago—as an operation impossible; but after Delpcch had cut the tendo-achillis, and cured club-foot, the division of tendons was soon considered not only safe, but indispensable for the cure of deformity. Dr. Tognò, however, deserves, in my opinion, the credit of introducing this operation to Philadelphians.

The daily papers of 1836-7 contained a hoax, that was *then* considered as ridiculous as the great moon story of New York. They asserted that a Physician would spend the summer near the springs at Saratoga, who could cure squinting. In conversation with a medical man in our city, with whom this matter was discussed, he exclaimed: This cannot be, “Till Birnam wood remove to Dunsinane.”

To continue the language of Shakspeare, we may add, “And now the wood doth move,” for this operation has been performed on more than *four hundred* persons by Dr. Crossman, with perfect success,—not requiring for each case more than from five to twenty seconds.

After all these facts staring us full in the face, I cannot imagine it will be found difficult to believe, what has heretofore been considered doubtful, that Consumption, when taken in time and properly managed, is as curable as any other disease.

The present promulgation of this fact, however, is attended with mischief, although I have proven it true by a successful practice of 28 years. This sue-

cess, nevertheless, has caused many to fall victims to the disease, by calling forth a host of boasted nostrums, Wood, Naphtha, Tar, Wild Cherry, Iodine, Setons, &c., &c., &c., among physicians, all without reason or reflection, and Expectorants, Balsams, Balms, Hydropathy, Homœopathy, &c., without the careful study of its true nature among the illiterate, frequently recommended by their licensed and scientific brethren.

It is in vain to expect any remedy to restore the long neglected and wasted *Lungs*! But nevertheless it is possible to eradicate the *Disease* which is creeping upon them, and thus enable nature (always ready) to accommodate herself to the loss and thus restore the blighted victim to ordinary health, or in case the application is made before portions of the *Lungs* are lost, the means employed by me will continue to do what they have already done in over 3000 cases, exterminate the latent and undermining mischief, *Disease*, and restore the constitution to full *health* and vigor.

Why have the faculty stamped *Consumption* alone incurable? I pause for the reflection. If this form of disease is alone unmanageable, why do we find Measles, Scarlet Fever, Hooping Cough, Bowel Complaint, Rheumatism, Gout, Pleurisy, Fevers of various kinds, daily appearing in our bills of mortality, as the cause of Death? Do not all these claim their victims? Is it their nature or the *Fallacies* of the *Faculty*? Alas! how painful must be the acknowledgment, the truth of which is daily seen. Is there a parent that has not watched with anxious care, the gentle, but certain decline of a fair child—no hus-

band, no wife that has not bewailed the decline of their once blooming and happy partner—the hectic flush, the sunken and narrow chest, the feeble voice, growing more so every day, hoping for confidence in their physieian, against hope? And when all that is done, it seems but to hurry their vietim to their last resting-plaee. Yes, too many; and is there no remedy, no art, no system left to guide the desponding afflicted one through this valley of probation on to the mount of health? is there no balm, no hope for the afflicted? Yes: a suecessful course of treatment is found in the Chrono-Thermal System of Medicine, a system which assists nature, corrects her feeble state, spares the blood—“*the life of the flesh*,” arrests *fever*, the cause of all organie decay, and restores the blighted fragile being to full health and vigor, often before the mischief is for ever beyond the possibility of cure.

Cuvier remarks, that it is the privilege of genius to see in its dreams, what the humbler race of men can ascertain by laborious vigils, and accumulated researehes alone.

And again, Professor Chapman observes: “As well might we compare the mere fluttering of the meanest and most grovelling bird, with the bold and well sustained flight of Jove’s own imperial eagle, as the slow process of a vulgar intellect, by which facts are collected or observed, with the vigorous sallies of speculative genius, which seize truth as it were by intuition, and reveal it in a burst of light of celestial brightness.

Though much attention has been bestowed on this subject, by many distinguished European authors,

Laennec, Andral, Louis, and many others, we find little certainty arrived at in the treatment of Consumption, until Ramadge, of London, declared to the world its curable nature. When his work appeared I determined to stem the current of public opinion on this side the Atlantic, and prove what I have long asserted in private practice, that the general treatment relied on in this country is inefficient, and its result always uncertain. Dr. Young, of St. George's Hospital, says: "It is probable that without assistance, not one case in a thousand of the disease would recover; and with the utmost power of art, perhaps not more than one in a hundred will be found curable." Now out of one hundred and twenty-seven cases treated by me in the last seven years, sixty-three were cured, seventeen died (above the age of fifty years) and forty-seven were incurable from the extent of disease, having tubercles on the coats of the bowels, and consequent diarrhœa.

It is when this state of the bowels takes place that I consider the patient in a critical situation; and not when the cough, expectoration of blood, or matter, or both, have alarmed the sick man or his friends. These are only the symptoms of the disease that we profess to cure, and should never be looked upon as unfavorable; add to these night-sweats, a hectic flush, debility, and emaciation, and you only have the disease in question, Consumption.

Now whether this state be the result of a neglected, or predisposed constitution, or a badly treated pneumonia, or pleurisy, or any other diseased condition naturally arising from unchecked intermittent derangement, erroneously treated, the effect is the

same; softened glands of the lungs, abscess, and expectoration of pus often streaked with blood.

I cannot believe there are many medical men among us, in the present enlightened state of our science, unacquainted with the importance of the bold and repeated use of active medicines in the continued form of fever which accompanies pneumonia, or pleurisy. The time to lay down these means will be when the patient ceases to complain of pain, or oppression, and can lie on either side with ease.

If, however, from timidity, or any other cause, proper remedies should not have been timely and freely used, the disease goes on unmolested, and soon arrives at that point surgeons have designated the third stage of inflammation (suppuration and abscess). The fever now assumes another form from continued; it intermits, and soon puts on the hectic character. The abscess bursts, expectoration of blood and matter follow, and the patient is said to be in consumption. The same results from the ripening, softening, and bursting of tubercles.

The constitution in which tubercles are most frequently met with, is marked by a scrofulous idiosyncrasy. The blood gives off its carbon sparingly, in consequence of the delicate tissue, lining the air cells, being loaded with a tenacious mucus; thereby preventing the free transmission of the gases, oxygen and nitrogen inward, and carbonic acid outward. The blood in this case undergoes a change, from a healthy to a diseased condition, its carbon is retained, and congestion is the result.

In this state of things, if the venous system be not relieved, by full and proper means, we shall soon

have mother nature (the *vis medicatrix naturæ*) acting for herself, and consequently a ruptured blood vessel.

I see in looking over the thirty-sixth number of the American Journal of Medical Sciences, for August, 1836, the experiments of Dr. Robert E. Rogers, which must go far to prove the correctness of the position I have advanced above.

I have taken the liberty of copying one of his experiments.

“ A small bladder not long taken from a pig, was filled with fresh venous blood, when it was closed, and suspended by a thread from the cover of a tall receiver, which fitted air tight. The receiver, standing over mercury, was then filled with oxygen, and in two hours the mercury in the bottom of the receiver was considerably depressed. Upon inspecting the contained air, a very sensible quantity of oxygen had disappeared, but was replaced by a still larger amount of carbonic acid, the excess of which explained the depression in the mercury.

“ This experiment was varied, by making trial of other gases, as hydrogen, nitrogen, and bicarburetted hydrogen; and in every case with the development of carbonic acid.

“ In order to ascertain if, during this evolution of carbonic acid and disappearance of the other gases, any elevation of temperature ensues, an apparatus, such as may be seen at page 297 of the August number for 1836, of the American Journal of Medical Sciences, was made use of. Using my form of Sanctorio's thermometer, it was plunged to the bottom in a bag consisting of membrane, and full of blood, the bag being tightly secured at the neck, and suspended in an atmosphere of oxygen. In this instance the result was in a high degree satisfactory.

“ A considerably greater rise of temperature was manifested, proceeding no doubt from the influence of the absorption of oxygen and the transmission through the membrane of carbonic acid.

"Let us now recapitulate the leading facts developed in regard to the evolution of carbonic acid from venous blood.

"1st. Exhaustion by means of the air pump has no effect in evolving carbonic acid from venous blood.

"2d. A temperature of 212° displaces no carbonic acid from venous blood.

"3d. The carbonic acid, on the other hand, is absorbed by exposing it to venous blood.

"4th. Exposing venous blood to oxygen, nitrogen, hydrogen, and nitrous oxide, though each of these, if we except hydrogen, is in part absorbed, yet not a particle of carbonic acid is given off.

"5th. When, however, a portion of venous blood is placed in a bag of some membrane, and the whole immersed in an atmosphere of some gas, oxygen, hydrogen, nitrogen, or bicarburetted hydrogen (others have not yet been tried), then carbonic acid is pretty freely evolved."

These experiments solve completely the problem of respiration; and I may add, clearly account for loss of color always met with in persons having a slight catarrh. The extensive membrane of the lungs being coated with mucus, prevents the transmission of oxygen to the blood, and hence the loss of color. The inhalation of the vapor of warm water to which a small portion of gum ammoniac had been added, would *always* relieve this state of things, without sickening the stomach with nauseous mixtures of squills, antimony, candies, lozenges, and such like things—the use of which most frequently ends in sending for a physician.

But we will suppose this cold neglected for a long time, until nature makes an effort to relieve herself. She forces on the thickened mass of blood, the heart and arteries labor, fever commences, the fibrin becomes diseased, and consequently deposits in the

glands minute masses, the nucleus of tubercles. The skin becomes permanently white, the conjunctiva pearly, and the individual is prepared for Consumption, unless some obstruction takes place in the windpipe, or the tonsils enlarge, to prevent the escape of the air, and swell the cells of the bronchia—breaking the adhesion of mucus, and again exposing the membrane to the action of a fresh portion (oxygen, nitrogen, &c.) of the atmosphere. In this case the individual gradually returns to health.

But in the scrofulous habit, where tubercles exist, they increase, and may be seen multiplying on the sides of the neck, and under the scalp. I have removed some hundreds of them in this situation, and find them to contain the same cheese-like matter *always* met with in the lungs of those who die of Tubercular Consumption.

A curious case of this kind occurred to me about six years ago, which will go far, in my opinion, in support of my *theory of Consumption*.

This patient was the daughter of a lady who had died of Tubercular Consumption under the care of Dr. S. Jackson, the present professor of the institutes of medicine in the University of Pennsylvania. I think I may say without the fear of contradiction, that the practice he pursued in her case prolonged her life,—she was above fifty-five and died in her sixtieth year. She left daughters; one of these was soon after attacked with hæmoptysis, which greatly alarmed her, and consequently produced the most unfavorable forebodings in her mind; Dr. S. Jackson was again called and took charge of her

health, her symptoms improved for a time, but she died in about eighteen months from her first attack.

Her younger sister was soon after attacked with the same symptoms. She ruptured a small vessel and spit blood freely, and determined at first to let nature take her course. But her attacks were frequent and debility alarmed her. 'Thus situated she applied to me in March, 1835, I found by percussion and careful auscultation that the summit of each lung was obstructed by tubercles; several existed on the sides of the neck, and more than thirty under the scalp. I removed the most of these tubercles with the knife, and at once commenced the general treatment.

I gave her full assurance of a speedy convalescence, and the history of her case, under the head of Cases, will show how far I kept my promise.'

'There are few anatomists unprepared to admit with me, that tubercles are most frequently, if not always found in consumptive habits, in the extreme summit of the lungs, where from the physical structure and consequent formation of the chest, portions of the lungs thus situated, are denied that free expansion in inhalation which other parts enjoy.

Now this state of things can be prevented by mechanical means, and this naturally compressed part be brought to participate in the full and complete inflation enjoyed by other portions of the parenchyma, more favorably located for the purposes of life.

CAUSES OF CONSUMPTION.

HEREDITARY predisposition has been considered by many authors as a cause of the most formidable character, a cause that no treatment or care can avert, and of which all who have unfortunately inherited it, must feel the blighting influence.

The fallacy of this opinion I am fully prepared to prove. Cases of this nature have been abundant in my private practice. I shall detail several of them through this work, and show how far the physician may be able to remove the predisposition, and make good constitutions out of bad materials.

The constitution of man is framed by what it feeds on.

The infant born to die of Consumption, if taken at an early age from the parent, and far removed from all her peculiarities, her milk, her careful housing, her exposed mode of dressing, her hot chambers, &c., loses in an astonishing manner those constitutional imperfections, which might otherwise (being engrafted) take root and flourish to its destruction. I have seen many cases, I admit, where children have been born perfectly healthy, and being nursed by the mother for two or three months, loose flesh, become marasmatic, dwindle, and die. But the same mother, having a second child, determined upon my suggestion to employ a healthy wet-nurse, when the result was the reverse.

It happens occasionally, though rarely, that the foetus in utero may have tubercles, and the greater portion of the parenchyma be rendered unfit for the purposes of respiration. This seldom occurs, however, for great nature has so arranged the foetal circulation, that the lungs are protected in a remarkable manner from the deposit, which necessarily precedes tubercles. I have frequently met with tubercles in the placenta, but not often in the lungs of the foetus.

Hereditary Consumption more frequently occurs from a general constitutional contamination, deranging the circulating mass of blood, and thereby rendering the deposit of tuberculous matter certain, unless a complete change is made in the mode of living. Let the infant be reared by a nurse in constitution the opposite in every particular of its mother, and the adult forsake all her habits of former life when Consumption threatens invasion.

In vegetable life, you can so change the soil as completely to arrest the growth, and finally destroy the plant. So in Consumption, you may alter the constitution of the infant to a degree in which a consumptive diathesis cannot exist.

A supposed predisposition is not an unfrequent cause of Strumous Consumption. When the individual who may be the subject of disease of the lungs, has contracted severe pneumonic inflammation, it frequently happens that they rely on lozenges, cough mixtures, plasters, pediluvia, or some hocus-pocus for some days before sending for a physician, or when they do send for a physician, they may select one who considers active remedies dangerous in such constitutions, and the inflammation is allowed to

pass through the several stages, until suppuration and abscess are the result.

I attended a family in this city some years ago, who had (under the care of their former physician) lost three infant children, one at the age of ten months, the second at seventeen months, and the third at three years. They were all nursed by the mother for nine months, and carefully fed from that time, principally on farinaeous articles, until teething was completed. The third, living somewhat longer than the others, was allowed some animal food.

At the expiration of the third year she had a severe attack of croup, from which she recovered with the usual treatment; one week after her recovery she was taken out, and contracted (according to the account I had of her case) a slight cold, she coughed frequently, with occasional crying spells after each attack of coughing; in the course of a few days some fever was evident, and the family physician was called to prescribe for her. He gave her an expectorant, mixture of squills, paregoric, and spirits of nitre, and directed her bowels to be kept open with senna. The little sufferer improved but slightly, sometimes fretful and uneasy, and now and then amused for a short period with her toys.

This milk and water treatment was persevered in until the inflammation, fever, and cough, became continual; the patient was now pronounced, like the former children, in a rapid decline.

The mother having heard that I had asserted Consumption was curable, determined I should be sent for; this was done, and I saw the child eight hours before its demise, nature had relieved herself by effusion, and the patient soon expired.

I requested permission to examine the body; this was granted, and I proceeded to the autopsy twelve hours after death.

The brain was found in a healthy state; the stomach distended with flatus; the bowels in the same condition, except the excretories on their surface, which were much congested. The blood-vessels of the liver, larger than natural. The heart in a perfectly natural state, with rather more fluid in the pericardium, than is generally met with at the age of this subject. The cavity of the chest was next examined. The pleura exhibited much inflammation, with many points of adhesion. The exterior surface of the lungs was thickly beset with small hydatids, and more than three ounces of serum was found in the cavity of the pleura. The parenchyma was not yet exposed to view. I hesitated a moment at this stage of the examination—until my friend (the family physician) asked why I did not proceed. You are aware, Doctor, said I, upon my next incision depends my professional reputation. I have told you already that this child had no tubercles—now if they should exist? Then, said the doctor, I shall say nothing about your opinion. No, said I, if they do, proclaim me ignorant; but if they do not, believe no more in the necessity of children dying of consumption, who have the misfortune to have been born of parents *said to be* predisposed to that disease.

The parenchyma was now cut into, and that state of things only found, which is always met with after death from pneumonia. No tubercles existed.

In the course of two years the lady had another child, which is now well and very healthy, although

it has passed through two or three severe attacks of pneumonic inflammation, where the lancet was not spared.

From what I have already said, it must appear evident, that I consider inflammation of the lungs erroneously treated—a very frequent cause of abscess and consequent consumption, from the simple fact, that when remedies are not properly directed or judiciously administered (the result being uncertain), the lungs become engorged with venous blood, their mucous membranes transmit little or no oxygen, and abscess, or tubercles, are the result.

The causes of consumption are either abscess or tubercles, produced by a depraved state of the blood, which may be occasioned by a long spell of moist or rainy weather, in which the atmosphere becomes too light to expand the air-cells of the lungs; by a debilitated constitution, brought about in various ways, either by poor living or weak digestion; or by many constitutional diseases obstructing the free circulation of the arterial blood.

Dyspepsy, diseases of the liver, of the spleen, mesenteric glands, or of the heart, may all be cited among the causes of consumption. But as we consider all these diseases manageable, they cannot be called formidable causes.

Amenorrhœa and *dysmenorrhœa* are decidedly more so, and therefore call for our prompt attention.

As these causes occur long before the thoracic derangement can be produced by them, they consequently should not be admitted by the judicious practitioner, but removed before consumption can be produced.

AUXILIARY CAUSES OF CONSUMPTION.

TIGHT lacing has been hinted at by many writers of high repute, as a cause of not unfrequent occurrence. By this abominable practice, most frequently met with in large cities, *thousands* are annually sent to a premature grave. Nature is cramped, confined, and shaped to suit the taste or style of some mantua-maker or other, until the respiration which should be performed by the pectoral muscles, is compelled to be abdominal, unless fashion varies, and the lacing puts these muscles also in a quiescent state. In that case, free respiration will be found to exist only in the upper portion of the chest.

In the prevalence of short waists or high skirts in the dress of the ladies, when death occurs from consumption; it will be found that tubercles occupy the upper portion of the parenchyma; and when the fashion alters to long waists, the lower portion of the lungs will be their seat.

Now these facts speak volumes for the theory I have advanced in this work, on the subject of voluminous lungs—a theory upon which my practice is based, and supported by every day's experience.

This practice of lacing not unfrequently binds the longitudinal muscles of the back also, in such a manner, that one side or the other must give way, and lateral curvature of the spine be the inevitable consequence. The lung of the affected side becomes

compressed, a free passage of air is prevented from penetrating its cells, and consequently tubercles must follow.

My success in the treatment of the so-called spine affections is too well established in this city, to admit of these notions being called theoretical.

Mothers, if you value the lives of your *fair daughters*, attend to these matters, for although the brain *may* escape uninjured, the *spine* and *lungs* never can. Remove all obstacles that may tend to impede that useful and beautiful phenomenon of nature respiration, and my word for it, the number of victims to the sad destroyer, *consumption* will daily diminish among that fair portion of creation for which man only lives to cherish and protect.

Wet and cold feet are very frequently productive of lung affections. There are few ladies in our city attentive to this matter, their feet and ankles are thinly clad, and consequently cold, while their bodies are well protected, and their neck and shoulders loaded with furs. The consequence is, a continual moisture of the neck and chest, and great liability to inflammation of the lungs, from a sudden check of this unnatural degree of respiration.

I have always recommended my patients to harden this portion of the body (if I may be allowed the expression), by bathing the bust and neck, night and morning, in cold salt water, and instead of wearing as much clothing on this part as can be borne, to wear as little as they can be comfortable with, keeping the feet and lower limbs well protected with thick shoes and stockings during the fall, winter and spring months.

During the coldest of winter weather, a thick double veil should be worn, and instead of running directly to the fire when you enter your dwelling, retire to your chamber to make the change from an out to an in-door dress; or if your chamber should be heated, let the change be made in the hall or some part of the building not supplied by hot air. Remain there ten or fifteen minutes, to enable the lungs to bear the difference of temperature, without feeling that sensation of oppression which few individuals are unacquainted with, who pass a winter in a cold climate.

The present mode of heating most of our dwellings and public places by furnaces, greatly increases the risk we encounter of inflammation of the throat and lungs, by a sudden transition from cold to heat.

Indifference to these hints may not produce tubercular consumption, but it will lay the foundation of a more unmanageable disease, bronchitis.

It is from heated churches and offices that our ministers of the gospel suffer so much from bronchitis, and not from preaching—as has been imagined by many. Churches are now generally warmed by furnaces; the air therefore is hot before the congregation enter it; the number respiring this heated and consequently impure atmosphere, soon increase its temperature, while they exhaust its oxygen. You now see many individuals, before the service is half over, throwing off their cloaks or shawls, fanning and fidgeting, reminding us of animals under the receiver of an air-pump partly exhausted. Some friend now opens a window or door and admits a current of cold, which relieves in a measure the

general mass, but endangers those who may be seated near its entrance, from the previous highly excited state of the surface. But the preacher encounters still more danger; his situation is ten or twelve feet above the congregation. Heat being disposed to ascend, he is surrounded by an atmosphere many degrees higher in temperature than that in which his hearers *exist*. Here, if he escapes asphyxia, he cannot expose himself many months without bronchitis.

If this state of things was produced by public speaking, how is it, let me ask, that our auctioneers, our sea captains, or our lawyers, are not more frequently the subjects; their lungs are as often called upon to perform perhaps a more arduous and longer continued duty—but our court or auction rooms are not often crowded, and if they are, the mass of people are continually going in and out, and consequently, admitting fresh air with every fan of the door.

Churches are, on the contrary, kept warm or hot, and the doors closed, unless some one being overcome, is led out for fresh air, *relieving those* who may be located near the opening.

This accident by no means benefits the pastor; his situation is fixed for two hours at least, and if he be not positively exhausted, and faint, he is allowed to breathe the fresh atmosphere, only after the lining membrane of the air tubes of his lungs has by this continued excess of heat been prepared to put on inflammation.

But the sea captain or his healthful crew breathe no atmosphere like this. The air they respire, is warmed by the sun's genial ray; their home, walled

by the horizon, and roofed by the blue vault of heaven. In their constitutions, you seldom meet with bronchitis, or consumption, and their voices, like trumpets, are heard afar.

This state of things, always met with in the seafaring man, I own is sufficient to induce all who are threatened with consumption, to try the ocean wave. And if this is done before it becomes too late for exercise, I have little doubt that many, who could participate in the duties of the sailor, might be much benefited by a sea voyage.

I would by no means, however, recommend a sea voyage to the individual who is expectorating pus freely, or may have hectic fever. To overcome this, a careful and well directed home treatment is indispensable; the privations on board of ship are too great to obtain the attention and care required. And it generally happens that the voyage to sea is the last remedy recommended, and consequently produces no beneficial result.

The reason must be obvious; the debilitated individual is perhaps unable to leave the cabin, and the air of this is little better (if at all) than that of their own chamber, with less of home comforts.

Or if their strength should enable them to be on deck, they are prevented either from want of inclination, or from the directions of their physician, from participating in those healthy exercises of the sailor, upon which the benefit of a sea voyage depends. He is pulling and hauling continually, frequently making full and deep inhalations, and often for moments holding his breath, to enable him to concentrate all his power for the accomplishment of

some difficult task, consequently fully inflating the parenchyma, and thereby rendering himself exempt from obstructions in its circulation producing consumption.

Nor is the mariner the subject of bronchitis. His throat and neck are continually exposed to all the vicissitudes of the atmosphere, and like his face and hands, will always be found florid and healthy. No debility of the cuticular circulation will here exist, to invite disease, and consequently he escapes most if not all the throat affections.

To see physicians at this time of vast improvement in medical science, recommending thick stocks, boas, pieces of flannel, and the wearing long beards, as a protection from disease, excites in me a smile; when all should be done to harden and accustom those parts to exposure.

The mariner or common laborer on shore, is unacquainted with bronchitis or chronic inflammation of the throat. They wear no stocks or pads about their necks; on the contrary you will generally find them with this part exposed, and like their faces, a lively circulation through the skin, giving that florid hue, the true criterion of health.

Consumption is never met with in the savage, whose mode of life causes him to encounter the most severe weather, half clad. He sleeps on the ground, frequently with nothing under him but his blanket, and escapes taking cold (as it is called), because his skin is hardened to his mode of life.

Many who travel among the Indians, without reflecting on their manner of living, attribute the good health they enjoy to their knowledge of the medical

virtues of the roots, leaves, and bark, of the forest trees. This is not the case, however, for although some of the best of our botanic medicines are found in the far west, the Indian gathers them not for his own use, but for traffic. His constitution requires little or no remedial art; in most of his diseases nature operates for herself; in catarrh some little obstruction may take place in the bronchial tubes, but the volume of his lungs is only increased. His shoulders are not tied down with straps to keep up his pantaloons, secured from raising by being fastened beneath his shoes: his lungs are allowed full play, and consequently their circulation not being obstructed in any manner by his clothing, he soon finds himself free from all his thoracic or throat affection.

Not so, however, in civilized life, here we find broad suspenders on the clavicle, and strong leather straps to keep the pants from raising up, fixed under the boot, with frequently large stiff plasters over the breast and back, tied down by a tight net shirt, tight vest, and not unfrequently a large stiff stock reaching the chin, and thus a full inflation of the parenchyma is most effectually prevented.

Can any one be surprised at the production of disease under these circumstances? Ask nature—the result must be obstructed respiration, obstructed circulation, inflammation, adhesions, tubercles, abscess, and death.



VIEW OF THE HEART AND LUNGS.

STRUCTURE OF THE LUNGS.

THE different opinions which have been entertained by many anatomists in relation to the structure of the lungs, it may not be improper to mention, before entering upon the treatment of their diseases. It was imagined by Malpighi that the lining membrane of the bronchia divided to form air cells, like a sponge. But the experiments of Helvetius went to prove that the air cells were formed by a simple cellular tissue enveloping the various blood-vessels of the lungs. The greater number of anatomists, Haller among the rest, have adopted the opinion of Helvetius. If we inject the blood-vessels of a fresh young subject with wax, and at the same time fully inflate the air cells through the trachea, we can, by careful incision, fully satisfy ourselves of the correctness of the views of Ricsseissen, who proved the lungs to be formed by air-cells and blood-vessels, the former terminating in a kind of cul-de-sac.

This natural structure of the lungs, while it so admirably adapts them for the office they perform in the support of animal life, renders them susceptible to many diseases, in a variable climate like ours.

The human body, properly so called, is divided transversely into two distinct cavities, by a thin, fine membrane, which is termed the diaphragm. The superior cavity contains the lungs, heart, &c., and is

termed the thorax, or chest. The lungs, called also the lights, are enclosed in two distinct sacs, or bags, by the pleura, so that the two principal lobes of the lungs have no direct communication with each other. As both lungs are seldom affected, except in the advanced stage of the disease, Nature has kindly arranged them in such a way as to have no immediate connexion with each other, so that a disease of the one may not immediately affect the other. Besides, it appears that every minute lobule of the same lobe is so admirably contrived as to perform its function independent of the others, so that each vesicle, or air-cell, continues to return and receive its portion of air, until it is actually destroyed. Accordingly we find, on dissection of consumptive subjects, parts of the lungs destroyed, while the remainder are comparatively sound. To return:—these sacs meet near the middle of the chest, and by their adhesion form a perpendicular membrane called the mediastinum, but separating again, a third sac is formed, which is termed the pericardium, or heart-case.

The lungs, in a healthy state, are extremely light and spongy, and are composed of numerous air-cells, blood-vessels, lymphatics, or vessels containing a watery fluid and cellular membrane, which does not appear to be vascular or irritable. The blood-vessels of the lungs differ in some respects from those of the other parts of the body, inasmuch as the arteries of the lungs contain venous, or dark red blood, while the veins contain the arterial, or bright red blood, which is transmitted by them to the heart, from which it is conveyed by the arteries to the various parts of the body. The small branches of the pul-

monary arteries form a beautiful net-work of vessels on the internal membrane of the air-vesicles. During expiration, the air-vesicles are collapsed, consequently the blood-vessels become tortuous, and the blood is prevented from passing. In inspiration, the air-vesicles being dilated, the tortuous vessels are elongated, and a free passage afforded to the blood. The coats of these vessels are so thin as to suffer a *chemical action* to take place between the air in the vesicles and the blood in the vessels. Besides the veins and arteries already mentioned, they are furnished with another distinct set of vessels, whose sole office appears to be the nourishment or support of the lungs.

The air-cells, or vessels, are extremely small tubes branching off from the windpipe, very nearly in the same manner as the twigs and branches of a tree do from the main trunk. In health, the air passes freely from the windpipe to the air-cells, so that every time we draw a full breath, or inspiration, the air-cells are filled or distended. The lymphatic vessels are distributed on the surface of the lungs; their office is to absorb the lymph, and convey it into the thoracic duct, the common trunk of the absorbent system, where it is mixed with the chyle, and both are immediately afterwards carried into the current of the venous blood, near the heart. Like the chyle, the lymph contributes to repair the losses of the blood, which is first subjected to the action of the lungs, in combination with the chyle and venous blood, and the whole compound is converted into arterial blood. Like the chyle, too, the lymph bears a strong analogy to the blood in its composition and properties. The

nerves are very small branches furnished, or proceeding principally from the *par vagum* or eighth pair and great intercostal.

The windpipe, or *arteria aspera*, is a long cylindrical tube, composed of alternate cartilaginous and fleshy rings, defective behind, through which the air is conveyed to and from the lungs in breathing; it is furnished with a membrane on its internal surface of exquisite sensibility, which, in the healthy state, is continually lubricated by a thin, bland mucus, secreted by a number of small glands situated behind the rings, and prevents irritation. As we shall have to notice this membrane again, when we come to treat of its connexion, or sympathy with the skin, we shall now proceed to the consideration of the functions supposed to be carried on by the lungs; we say supposed, because, strange as it may appear, physiologists are not yet agreed as to the precise nature of their office. As a variety of conjectures, for most of them amount to nothing more, have been offered on this subject, we shall only notice that which appears the most probable, that it is in the lungs the blood is vivified, decarbonized, or, as some term it, oxygenized, by which a certain quantity of oxygen is abstracted from the atmospheric air, and at the same time, a part of the noxious morbid matter generated in the system is thrown off; and that the principal use of respiration is to relieve the body of a certain matter perspirable only from the lungs, which, if entirely retained, is incompatible with existence, and if retained in part, is productive of disease, and this is said to be effected by a number of small ducts leading from the pulmonary arteries to

the air-vessels, where it is dissolved and carried off by the air during respiration. This theory, which we believe is that which is most generally considered orthodox, is only true in part, as we shall presently show, when we come to treat of the functions of the skin, and the intimate connexion, or sympathy, existing between it and the mucous membranes of the lungs, liver, &c.

OF THE SEROUS AND MUCOUS MEMBRANES.

The air passages, &c., are lined by an extremely elastic and extensible membrane, termed *serous*, which is analogous to the cuticle of the external skin, and being, like that, possessed of less sensibility, serves to defend the more highly organized mucous membrane, over which it is placed, from injury. The serous membrane is said to consist of condensed cellular tissue, in which there cannot be detected the least trace of a vessel. They are moistened with a watery fluid, from whence they derive their name.

The mucous membranes line all the cavities which open upon the surface of the body. They are also composed of a modification of cellular tissue, which bears a close analogy to the skin, or outward covering of the body, and is by many supposed to be a continuation of it, as in the lips, nostrils, eyelids, &c., they pass into each other. "The mucous membranes are more highly organized than the serous.

They are of a loose, spongy texture, and of a reddish color, and are largely supplied with blood-vessels and nerves. They are furnished with numerous small glandular bodies, called mucous glands, or follicles. In a healthy state, these membranes are always covered with a slimy substance, which is secreted by them, and from which they derive their name. These membranes sheathe and protect the inner surfaces of the body as the skin does the outer; and, by means of the mucus secreted by them, screen those surfaces from the contact of irritating substances, which may either be introduced from without, or generated within the body." The mucous membrane also enters into the structure of the different organs which are concerned in the assimilation of the aliments, in respiration, and the secretion and excretion of the various fluids. They may also be considered as the basis of the glands, into the substance of which they everywhere penetrate.

OF TUBERCLES.

"When you see a person harassed with cough, and losing his flesh, and if, at the same time, he complain of shortness of breath and pain of the chest, and begins to expectorate a muco-purulent looking matter, you may certainly set his disease down as *consumptive*; for not only is his general health in that case manifestly wrong, but his lungs are more or less implicated,—and what does it signify in which of their tissues?—what does it signify whether it be their

mucous membrane, their glands, or their interstitial substance. If his general health, from the time he becomes your patient, improves, he will naturally live as long as it continues to do so,—if not, and if it as progressively continues to grow worse, he must die! Any further discussion of the matter, *quoad hoc*, resolves itself into the interminable question of tweedle-dum and tweedle-dee.

“Can consumption be cured?” asked Mr. Abernethy, adding, in his own sarcastic manner, “Odd bless me! that is a question which a man who had lived in a dissecting-room would laugh at. How many people do you examine who have lungs tubercular which are otherwise sound? What is consumption?—It is *tubercle* of the lungs—then if those tubercles were healed, and the lungs otherwise sound, the patient *must get better*; but, if the inquirer shift his ground and say, ‘It was the case I meant of tubercles over the whole lungs,’ why then he shifts his ground to no purpose, for there is no case of any disease which, when it has proceeded to a certain extent can be cured.”

The next question is, what *are* tubercles? I take this to be the true answer, and I wish it well considered, for it is, or rather *was*, until I took the liberty of enlightening the profession, totally at variance with their notions; some of them even *now* believing tubercles to be parasitical animals! For the requisite lubrication of the mucous membrane of the cells and other air-passages of the lungs, there must be a certain amount of secretion. To supply this secretion, there *must* be a glandular apparatus; and accordingly a number of minute and almost imperceptible

tible *glands* in reality intersperse the entire tissue of the lungs—the pulmonary tissue as it is called—but abound more particularly in the *upper portion* of it—that identical portion in which pathologists imagine they have detected the *commencement* of consumption. But what they call the commencement is nothing more than an *EFFECT* or development of general constitutional disorder. If it be the beginning, it is the beginning of the end—the end of previous repeated febrile paroxysms of greater or less intensity. During such constitutional disorder, and particularly during the course of severe fevers—such as a long remittent fever, the fevers termed small-pox, measles, and the like, these minute *pulmonary glands* become diseased, there being a previous *predisposition* of course; in other words, these glands being the original weak point of individuals having the consumptive tendency. TUBERCLES, THEN, ARE DISEASED PULMONARY GLANDS. How many people have traced the consumption of their children to the small-pox or measles—but would any man in his sound senses say the consumption was the cause of these fevers? Here it must have been the effect, and so also it may be the effect of any other kind of fever, and in no case can it be the cause of such fever; though, as in the giving way of any other part of the body, the local disease may, in the course of time, aggravate and keep up the febrile state. The affected gland is in this instance at first almost microscopically minute, and as the disease advances, it swells and becomes of a reddish grey color, or it may at once take on a suppurative action—it may become an *abscess* varying from the size of a pea or less to that of a walnut

or more, or it may go on enlarging to any extent without suppurating or becoming an abscess at all—the function of the affected lung in this case being, nevertheless, as completely disturbed as if it did take on the suppurative state; but in most cases of consumptive disease, both kinds of disorganization go on at the same time, one gland or cluster of glands suppurating, and sooner or later bursting, and discharging their contents into the air-passages, rendering the lungs at the same time more or less cavernous and hollow—another gland or cluster of glands swelling and coalescing so as to fill up and solidify the air-cells of the part they occupy. These at least are among the principal changes to be found in the lungs of persons who die of consumption, and they are all, as I have already said, more or less gradually produced in the course of repeated *paroxysms* of general remittent disorder. The matter expectorated by the patient consists of the contents of the tuberculous abscess, and more or less mucus, sometimes mixed with blood. While the cough is at one moment produced by the lodgment of matter in the air-passages, at another it is an effect of the cold air coming in contact with the ulcerated surface of the diseased lungs, though almost every patient has it *periodically* spasmodic. To understand this subject in all its bearings, you have only to observe the more palpable changes which take place in the glands of the *neck* of certain patients. These glands, in the *healthy* living subject, can neither be seen nor felt; but apply any general influence that shall excite *fever* in an individual predisposed to glandular disorder,—such as starvation, exposure to cold, or the abuse of mercury,

and what do you find? Why, these very glands gradually enlarge and form tumors, which tumors, as in the case of tubercles of the lungs, are sometimes of a solid kind, and when examined after death, have the same reddish-grey appearance, but more frequently, like them, terminate in abscesses, the contents of which, so far as mere likeness is concerned, are the identical contents of pulmonary tubercles, or *vomicæ*, as these tubercles are sometimes called. In one case, the patient is said to have the "evil," or "scrofula," in the other, phthisis or consumption;—the difference of place, and the degree of importance of this in the animal economy, making the only difference between them. In still further proof of the correctness of this explanation, I may mention, that Louis and others have detected *tuberculous* matter in various other *glandular* parts of the body of patients who have died consumptive. If it be objected that they have also detected it in the *bones*, I answer, bones, like every other part, have a glandular apparatus.

We now come to the question of cure, and from what we have already said, you must be aware, that however curable pulmonary consumption may be in the commencement, in the later stages—that is, where a very considerable portion of the lungs is destroyed—it cannot possibly be cured, though even in this case, the disease, by proper management, *may sometimes* be arrested. But here, instead of confusing you with fine-spun differences and distinctions, the delight of the schoolmen, I shall try to explain my meaning to you by *similitudes*; for similitudes, in the words of Fuller, are indeed "the windows that give the *best*

light." Many, doubtless, have had a certain portion of a tooth slowly *consumed* by disease, which disease [tooth-consumption?], by some change in your manner of living, or otherwise, has all of a sudden stopped, and the remaining sound portion of that identical tooth has continued to be useful for years! Such arrest of the consumption of a tooth I have often myself obtained by quinine internally administered; and Dr. Irving, of Cheltenham, some time ago, detailed to me two cases in which he succeeded with that remedy. Well, then, with medicines of this class, and sometimes even without any medicine at all, the same thing may take place in the lungs; and I have known persons to reach a good old age, who had portions of their lungs destroyed, but who, by proper medicine, and attention to the temperature of their chambers, preserved the sound parts from going into further decay. Such persons, at greater or less intervals of time, may even be free from the graver symptoms of consumption, and only commence to expectorate during some change of weather, when they have slight febrile attacks, but these will leave them again on the return of warm weather.

I have no wish to puff myself off as the only person in the world who has cured consumption; for, as I shall shortly show, this disease has been cured by others, though I am not so sure that the persons who cured it knew the principle upon which their remedies acted. Its real nature, I am satisfied, no author has ever explained *before me*; and my explanation is now, I believe, pretty generally admitted to be the correct one. The same power that may set a ship on the right course, improperly applied, will

set it on the wrong. This is exactly the ease with medicine; the same power that has cured a disease in one person, may cause or aggravate it, according to circumstances, in another. How frightful, then, that such powers should be daily wielded by men who have not the smallest idea of the principle upon which their remedies act? No wonder we have such contrary estimates of the value of remedies in pulmonary consumption. A case of this disease, which *was cured*, I will now give; it is from the pen of the patient, himself a physician,—I believe the late Dr. Currie of Liverpool, who wrote the life of Burns,—and it is given by Dr. Darwin, in his *Zoonomia*.

“J. C., aged 27, with black hair, and a ruddy complexion, was subject to cough from the age of puberty, and occasionally to spitting of blood; his maternal grandfather died of consumption under thirty years of age, and his mother fell a victim to this disease, with which she had been long threatened, in her 43d year, and immediately after she had ceased to have children. In the severe winter of 1773–74, he was much afflicted with cough, and being exposed to intense cold in the month of February, he was seized with *peripneumony* [inflammation of the *pleura*, now called pleurisy]. The disease was violent and dangerous, and after repeated bleedings, as well as blisterings, which he supported with difficulty, in about six weeks he was able to leave his bed. At this time the cough was severe, and the expectoration difficult; a fixed pain remained in the left side, where an issue was inserted. Regular hectic [*habitual* or *wasting* fever] came on every day, about an hour after noon, and every night heat and restlessness took place, suc-

ceeded towards morning by general perspiration. The patient, having formerly been subject to ague, was struck with the resemblance *of the febrile paroxysms to what he had experienced under that disease*, and was willing to flatter himself it might be of the same nature ; therefore he took bark in the interval of the fever.”

The relationship existing between consumption and ague is not only established by the remissions and exacerbations of the above case, but also by the remedies that proved successful in its treatment,—horse-exercise and change of air having cured agues which had resisted every kind of internal treatment, bark among the number ;—so that bark is no more a specific for ague, than for any other disease. Were we to judge solely from the experience of the case I have just given, in which the bark not only failed, but actually aggravated the symptoms, you might be led to conclude that it ought never to be exhibited in consumption ; but you will please to remember, that the same is every day the effect of its employment in ague,—in which latter disease we therefore dismiss it for arsenic, opium, iron, or some other chrono-thermal agent, which may better answer the peculiar habit of the patient, and which we cannot know till we try. Never, like weak-minded persons, take your estimation of any medicine, or system of medicine, from its success or failure in one or two cases.

In the 13th volume of the *Medical Gazette*, you will find the detailed case of a man laboring under consumption, for whom Mr. Maclure, the gentleman who narrates it, prescribed generous diet and quinine. Dr. Marshall Hall examined the patient with the

stethoscope, and pronounced an unfavorable prognostic. Even after commencing the quinine, and when a considerable improvement had taken place in the appearance of the patient, Dr. Hall still held that the case would be fatal; "again the stethoscope was consulted—again it uttered the same sepulchral responses; and according to it, the poor patient ought by this to have been moribund, his pulse, good looks, muscular firmness, appetite, and his high spirits notwithstanding. I need hardly add," says the narrator of this case, "that our judicious friend the doctor was much surprised, as well as gratified, to witness his appearance"—alluding to the change after the cure had taken place. Justice to Dr. Marshall Hall compels us to say, that he was anything but gratified with this result; for in another number of the same journal, not only does he speak daggers at Mr. Maclure for publishing the case, but he goes into a very learned discussion as to whether the cessation of symptoms were not a *SUSPENSION* rather than a *CURE*. For our present purpose, it is quite enough that he admits *suspension*; and if this suspension continued for a series of years, it is scarcely worth while inquiring whether the patient was cured or not. In fact, the matter would resolve itself into a mere dispute about words.

By chrono-thermal medicines I am satisfied I have cured or arrested many cases of consumption,—some of them, too, in apparently very advanced stages. The stethoscopists will of course question this, and ask how I could know, without using their instrument. I shall therefore give you a case of this kind in which it was employed, not by myself, but by men

who have the reputation at least of being wonderfully quick in the use of it.—A pianoforte maker, aged 36, came to me much emaciated; he complained of shiverings, chills and heats, night-sweats, cough, and expectoration of matter, tinged with blood occasionally; he informed me that he had been a patient at a provincial dispensary, from which, after having for some months taken much medicine, and been repeatedly blistered, he was discharged as incurable. The stethoscope, he informed me, had been consulted in his case by Drs. M. and A., both of whom told his wife he was in the last stage of consumption, and there was no hope. I prescribed hydrocyanic acid three times a day, and ordered him to take a pill, containing a combination of opium and quinine, at that period of the day when he should find himself most free from the symptoms of his disease. From that day he began to recover his flesh and spirits; his pulse, which was 120, gradually fell to 80, his appetite improved daily, his expectoration diminished in proportion, and in about three months he returned to his work, without any complaint whatever. I must not omit to add that I ordered him to apply a galbanum plaster to his spine, in which he had suffered from chills, and which it effectually stopped. A year afterwards I saw him again, when, in the presence of several friends, he told me he was quite well, and was still at his work, and expressed to me his gratitude for my successful efforts in his favor. Now, some will say this case was consumption, and some not—for when the patient dies, nobody disputes it, but when he gets well, everybody does; some again may say that the disease might

break out again at some future period, say five or six years after, which I am ready to grant, and what is more, to admit, may happen after a cure in any disease whatever; and so may a fractured bone that has united and been cured in the best possible manner, become, in the course of years and constitutional change, disunited again; as you may find, if you will read the accounts of the diseases of the sailors who accompanied Lord Anson in his voyages.

A maid-servant, 25 years of age, the subject of consumption, had been an out-patient at the same dispensary for several months, during which she had been bled, leeches, and blistered, but as she found herself daily getting worse, she came to me; she was then spitting blood, and mucous-purulent matter; her pulse was quick and small; she had chills and heats, and night-sweats, with severe cough. I prescribed hydrocyanic acid, as in the above case, with opium and quinine during the remission; with this treatment she recovered completely, and though several years have now elapsed, she has had no return of her disease.

When I first entered into private practice, I was much abused for giving prussic acid, and that, too, by individuals who afterwards ordered it in their own prescriptions! "We old practitioners," I have been told by some of these very enlightened persons, "don't like your iodine—your prussic acid—your creasote—and your new medicines. We have known injury to follow their use." And what remedy in the world, in the hands of blockheads, may not do the same! Iodine, prussic acid, and the new medicines, are only valuable in the hands of those who know the principle of

their application ; like fire or hot water, they are not to be left at the mercy of fools or children, inasmuch as, like either of these agents, they may warm you in one degree, and destroy you in another. Moreover, they will not agree with all patients in any dose ; but whom they are to agree with, you cannot, of course, know till you try, and therefore you will suit your patient's constitution as best you can—for, in the words of Lord Bacon, "a wise physician doth not continue still the same medicine to a patient, but he will vary if the first medicine doth not apparently succeed—for those remedies that are good for the jaundice, stone, agues, &c., *that* will do good in one body which will *not* do good in another—*according to the correspondence the medicine hath to the individual body.*". Is not this matter of every day's experience ? How can we tell, before we try, whether opium will set a person to sleep, or keep him awake all night ? or that prussic acid will aggravate consumption in one case, and cure or ameliorate it in another ? I shall afterwards prove that the reason of the difference of effect of all remedies, is the difference in the electric condition of the brain of different patients. But whatever be the true explanation of the facts, they show, at least, the utter impossibility of foretelling, in numerous cases, by what remedial agency you can accomplish a given object—and they must also demonstrate to all who have even the very least pretension to common sense, the imposture daily practised by the charlatan, when he puffs his nostrum as a universal and infallible remedy. But so far as regards prussic acid, its good effects in numerous cases of consumption are unquestion-

able. Magendie, among others, "asserts and maintains," that with this acid he has cured individuals "having all the symptoms of incipient phthisis (consumption), and even in a more advanced stage." Dr. Frisch, of Nyborg, in Denmark, has also employed the remedy successfully in consumption. But prussic acid is equally influential as a remedy for ague, and I have administered it with the most perfect success in cases of that disease, after they had resisted quinine and arsenic. I have cured with laurel-water (the virtues of which depend upon the prussic acid it contains) many cases of obstinate ague. The principle upon which this acid acts in both diseases, I need not say, is one and the same—namely, by its power electrically to influence the motion and temperature of certain parts of the body, through the medium of the brain and nerves. People who have accidentally taken an overdose, will tell you they felt as if they had had an *electric shock*. Whatever produces a sudden impression upon the whole frame causes such a shock. Whatever acts upon it more slowly does the same *in effect* as galvanism or electricity slowly and gradually applied. How otherwise can you influence the body in disease

"With drugs or minerals
That *waken motion*!"—SHAKESPEARE.

The action of such substances, I need not say, is anything but *mechanical*. What, then, can it be but *electrical* or *galvanic*? To call it chemical or magnetic, is only an admission of my position, for these have been proved by Mr. Faraday to be mere modifications of the same great principle. We can now

understand how galvanism and electricity may be directly and advantageously employed in every disease which has obtained a name, ague and consumption among the number.

Before I quit the subject of consumption, I may mention that, in many cases of the disease, I have derived great benefit from arsenic and silver, and also from subcarbonate of potass. In four or five cases which resisted many remedies, a combination of stramonium and belladonna arrested for a time, though it did not ultimately cure, the complaint. In many cases about which we are consulted, the disease may have proceeded so far as to make cure impossible; in other cases, which might seem to admit of this desirable end, circumstances over which we have no control will prevent it. Do you think it possible to cure a person of any grave disease if he were everlastingly on the eve of bankruptcy, or who lived in an atmosphere which disagreed with his health generally, or who had a wife continually scolding him and making him miserable? In such cases need I say it will be difficult to give even a temporary benefit in consumption.

There is a phrase at present so much in fashion, that were I all at once to say it was absolute and indisputable nonsense, many would, in all probability, stare with astonishment. Did any of you ever hear of *brain-cough*—or *ear-cough*—or *eye-cough*?—No. But you have, of course, heard two doctors disussing, with the greatest gravity imaginable, whether a particular complaint was incipient consumption or "*stomach-cough*;" as if people in these days coughed with their stomachs instead of their lungs! Only let

a fashionable physician give currency to this kind of false coin, and it will pass for genuine, till some suspicious character like myself shall submit it to analysis at the mint of common sense,—and then—what then?—Why people will scarcely even then believe the evidence of the whole of their five senses put together—for as some one says, when the gullible public once get hold of a lie, they become so enamored of it, that nothing but death will make them part with it. Who first introduced the phrase “stomach-cough,” I do not know; but Dr. Wilson Philip, at all events, insists that “indigestion or dyspepsia is the remote cause of a variety of consumption;” and in proof of this, he tells us he has cured it with minute doses of mercury. Now, if that were any proof of the origin of a disease, every disease in existence might be termed a “stomach affection;” for I know very few chronic complaints, however grave, which I have not cured by the same medicine; aye, and have seen aggravated by it, too. In the latter case, of course, the complaint could not be a “stomach disease.” Direct your attention, says Dr. Philip, to the digestive organs, and you will improve the subject of “*dyspeptic-phthisis*.” And so you may, if you direct your attention to any other part of the body of a consumptive patient,—for what part of the body of such a patient performs its functions correctly? In this disease the feet and hands feel cold and hot by turns; the skin, one moment harsh and dry, is at another bedewed by a cold and clammy sweat. Are these *causes* or *coincidences*? May you not as well say—cure the consumption, and the digestive powers will improve, as, cure the indigestion,

and you will stop the consumption? Medical men constantly talk of indigestion as an essence or an entity, having features separate and distinct from all other disorders. Can any person, I ask, be the subject of any disease without his digestion being more or less implicated? What becomes of your digestion in *fever*—or when you get bad news just as you are about to eat your dinner? Though you were as hungry as a hawk a moment before, your appetite would leave you then. Have we a *brain*, or have we not? Give a man a blow on that, and see what becomes of his digestion? How much the workings of this organ have to do with the functions of the stomach, we have a lesson in the play of Henry the Eighth. Mark what the fiery monarch says to Cardinal Wolsey, when surprising him with the proofs of his treachery—

“ — Read o’er this,
And after, this; and then to breakfast,
With what *appetite* you may.”

Do you doubt that the *breathing* of a man thus suddenly and unceremoniously surprised, would be as much affected at such a moment as his appetite? See, then, the absurdity of placing naturally *coincident* circumstances in the light of cause and effect? Shakspeare knew the influence of a passion upon the *totality* of the body better than half the faculty, and I am not sure that he could not have “prescribed to better purpose than them all put together. Do you think that in cases of this kind he would have troubled his head about the digestive organs, or that he would have said, like many of the great doctors

of the day, "We must put the stomach and bowels to rights!" Certainly not; he would have made the brain his first care;—he would have first tried to soothe and comfort that, and then he would have expected the appetite to return. Now, that is what ought to be done in all complaints, indigestion and consumption included. Every organ of the body is of importance in our economy—but the brain is so important an organ that people cannot live a moment without it; and whatever affects it, for good or for evil, equally for good or for evil affects every other part of the body; the lungs as much as the stomach. Through the medium of the brain and nerves only can mercury or any other medicine influence the diseases of these two last-mentioned organs, whether advantageously or the reverse; and as I have already told you, mercury can do both—according to the correspondence and fitness it hath for individual bodies, and the scale or degree in which it may be administered. But upon the subject of appetite the greatest nonsense prevails, even in the profession. You hear that such a one is ill—very ill—but, thank heaven, his appetite still keeps "good." How, then, is it, that the patient continues day by day to waste and become skeleton-like? It is because that man's appetite, so far from being "good—nay, excellent," is *morbidly voracious* and craving, having as much resemblance to the appetite of health as the diabetic flow of urine has to a useful—that is a moderate secretion—from the kidneys.

No man can possibly be the subject of disease of any kind without his digestive organs partaking in the general *totality* of derangement. Whatever can

improve the general health in one case, may do the same in the other. Now, though the chrono-thermal remedies, judiciously administered *during the remission*, may of themselves singly cure almost every kind of disease; yet it is my custom to combine and alternate them, as I have already said, with such medicines as experience proves have more or less affinity to the particular parts of the body most implicated in a given case; mercury, iodine, and emetics for example—inasmuch as the cure may thereby, in many instances, be at least accelerated. The well-ascertained influence of mercury and iodine on the glandular and assimilative nerves, naturally points to those two medicines as being most proper for consumption; and I feel it my duty to state to you that I have often availed myself of their beneficial influence in that disease. That they can produce it in cases where they prove constitutionally injurious, you will scarcely doubt, when you consider that whatever may injure the health of persons predisposed to chest-disease, may as certainly bring out that weak point of their frame. Instances produced by both, more particularly mercury, I have too often been compelled to witness.

Medical practitioners, when detailing the most strikingly remittent phenomena, in general manage so to word them that you cannot distinguish whether they be remittent or not. The more intelligent non-medical writer will often convey in his unsophisticated English, the precise bearings of a case. Take an instance from Captain Hall's narration of the illness of the Countess Purgstall:—"Our venerable friend," he says, "though she seemed to rally, and was certainly in as cheerful spirits as ever, had got

a severe shake; her nights were passed in coughing, *high fever*, and sharp rheumatic pains—but in the *day-time she appeared so well*, that it was scarcely possible to believe her dying, in spite of her constant assertion to that effect.”—[*Schloss Hainfield.*] Now, in such a case as this, would not the responses of the stethoscope differ materially according to the time they were taken? The indications obtained through its medium could not possibly be the same by night as by day.

Connected with this subject, I may mention that when in 1836, I first published in this country, my sketch of the chrono-thermal doctrines, the *Fallacy of the Art of Physic as Taught in the Schools*, in which it appeared, was pretty severely handled by the medical critics. Dr. James Johnson, in his *Medico-Chirurgical Review*, and Drs. Forbes and Conolly, the editors of the *British and Foreign Medical Review*, sounded their respective tocsins of scurrility. Not content with misstating and misrepresenting the matter of my volume, they resorted to personal abuse of myself; and the open contempt in which I held their wooden idol, the stethoscope, fired them with a common indignation; for while Drs. Conolly and Forbes, with rare courtesy, made this a reason for pointing out to me “the advantages of common sense over the want of it,” Dr. James Johnson, in an equally polite manner, charged me with “profound ignorance and inveterate prejudice.”

This language I at one time determined to treat with silence; but when I reflected how few, comparatively speaking, are aware of the manner in which the medical criticism of the English metropolis is

managed, and that the Reviews in question are only part of the corrupt machinery by which mediocrity and mendacity have been too often enabled to usurp the place and grasp the emoluments which of right should belong to genius, I took an opportunity of answering the conductors of both publications through the medium of the *Lancet*.* To that answer one only of the parties, Dr. James Johnson, put in a replication, but whether he gained or lost by the line of conduct he pursued, I leave to his warmest advocates to decide. Drs. Forbes and Conolly to this hour have never attempted to invalidate either my facts or reasoning, though in a recent number of their periodical, they have taken care to repeat their abuse of me—a sure sign that they still smart under the effects of the castigation they received at my hands.

Having already proved the utter inutility of the stethoscope in diseases of the heart, as confessed by Dr. James Johnson himself, I shall now enter into some investigation of its merits, in the detection of pulmonary consumption.

Permit me, said I to my very polite critics, to ask you a very plain question. Since this instrument first came into fashion, have you or any other physicians been able to bring this or any other disease of the chest to a more favorable termination than formerly? Hitherto, I never could obtain but one answer to this question, and that answer was always a negative. But softly, you will say—has it not taught

* For an exposure of the profligacy of these and other London Medical Reviews, see the various London Medical periodicals; the editors of which, in their hatred of each other, very often disclose the secret tergiversation of their respective colleagues.

us to *discriminate* and *distinguish* one disease from another? Admitting for the present, that such is the fact (which, however, I shall shortly disprove), of what use, I again ask, is such discrimination, such change of one kind of verbiage for another, if it lead to no difference or improvement in practice—if our remedial measures, for all shades and variations of pectoral disorder, come at last to the same agency? What is it but a vain waste of time in splitting straws, to attempt to distinguish by some nice auricular sign, severe disease of one tissue of the pulmonary substance from another, if the proper treatment of every kind of lung disorder be the same? If you reply, it is a satisfaction to know whether the disease be curable or not, I give you for rejoinder the fact, that where the symptoms are so grave as to be with difficulty distinguished from tuberculous consumption, the disease, in that case, may either, like consumption, under certain circumstances, admit of cure, or like the same disorder in its very advanced stages, as certainly terminate in death.

“Rush, Portal, and the most judicious physicians,” says Dr. Hancock, “have constantly regarded consumption to be a disease of the constitution, not consisting merely of ulceration or loss of substance in the lungs—of course not to be disposed of by stethoscopes or any auricular mummery. Hence, too, we see the reason that consumption formerly, in the times of Morton, Sydenham, Bennet, and others, was not regarded as an incurable disease.” Let us, however, for argument’s sake, allow that a knowledge of the exact amount of lung-decomposition could be turned to some useful or practical account; are my

eritics so certain that the stethoscope is adequate to the detection of this? Andral, an authority to whom "pathologists" on all occasions implicitly bow, candidly admits its deficiency. "*Without other signs,*" he says, "the stethoscope does NOT reveal with certainty consumption and inflammations of the heart." And Dr. Latham, who has taken no small pains to advocate its employment, admits that the best auscultators even—the technical term for those who use it—have been led to a wrong prognostic by it. "To most patients," he adds, "I fear it is a TROUBLE and DISTRESS." Now this is just the reason why I repudiate its assistance; whatever troubles and distresses the patient must not only alter all the movements of the heart and lungs, so as to neutralize the whole indications presented by them; but must actually aggravate the state of his system throughout, and, by consequence, instead of tending to the relief of the part most implicated, must further increase its diseased state. Well, then, as the information obtained from the stethoscope must, from the nature of things, be as hollow and empty as the toy through which it proceeds—and as the discovery of the degree of organic change, even could it be known to a nicety, can in no instance lead to practical improvement, I am content to judge of it from the patient's general appearance, the number of his respirations, and the sounds emitted, when he speaks, breathes, and coughs, as appreciable by the naked ear. From an instrument whose employment troubles and distresses the majority of patients, I look for no superior information; for I repeat, whatever troubles and distresses people's brains, will assuredly trouble and dis-

tress their bodies, particularly the weaker parts of them.

We are all liable to trust too much to our ears. Depend upon it, it were better, in diseases of the chest, as on most other occasions, to examine things with our eyes. When we are consulted about disorders of that cavity, our business is to watch well the countenance of the patient, to mark whether his breathing be hurried, or the reverse; whether he has lost flesh or begins to gain it: and from whatever part of the lungs the matter expectorated may proceed, we can be at no loss for the proper principle of treatment; our eyes will soon tell us whether he gets better or worse, and whether a particular medicine should be continued or changed for another. In the case of any very material change in the lungs, such as an abscess, cavern, or solidification of a part of their substance, if large, such local disease will get smaller as the general health improves; if small, it will grow larger should that get worse. More than this,

“———There need no words, nor terms precise—
The paltry jargon of the *physic schools*,
Where pedantry gulls folly;—we have *eyes*.”

With these, then, let us recur to nature, and we shall have no need to ask of professors and other great persons whether consumption, and other chest-affections, be remittent disorders or not. When once satisfied of that, we may be sure that chronothermal medicines will be of infinitely more avail for their cure than all the discussion and discrimination of all the doctors that ever mystified disease by their vain nosologies! What cares the patient about the

alphabetical combination by which we baptize his disease, if we cannot make him better; and if we succeed in curing him, what does it signify, whether we call it one name or another! Is it not enough to know that the worst feature of the disease was in the chest, and that our treatment was judicious? So far as the result is concerned, the wise physician, even when despairing of success, will do well to guard himself against a too decided prognostic in any case. How often have I heard patients, who had formerly suffered from chest-disease, boast that they had lived to cheat their doctor of the death to which he had theoretically doomed them; aye, and that doctor a stethoscopist!

The system of medicine (as practised by me) excludes all mercurial and mineral medicine, and depends on compounds having no such uncertain and deleterious articles. Blood-letting in this system is also forbidden, and a total reliance alone on remedies is the result of *Chemical Botany*, by which *practice*, followed for 27 years, I have been able to combat and cure all the diseases flesh is heir to, except when they have continued so long that parts affected by them have been destroyed, or the constitution been ruined by the old system of medicine, or the use of some useless and injurious nostrums now spread through our country. Any educated physician may now see the danger of giving certificates to quacks ignorant of the injurious effect of their nostrums. Dr. Cox observes, in his *American Dispensatory*, ninth edition, page 664—1831, on the subject of certificates, “testifying to the fallacy of *their own* experience by contradictory evidence.”

Is it not time for some one enthusiastic in the profession, and who has fully tested the old system and proven its fallacy, to adopt a course that shall and must ultimately bring back the confidence of the public to a legitimate channel by curing their diseases? And any one who will read and inquire, will find that my system will do all this.

I have cured over 2,000 cases of consumption, over 1,500 cases of fever, and all other diseases in the same proportion.

Till the hour of sickness comes, how few non-medical persons ever think of a subject which ought to be of great interest to all. I therefore wish to address those in need of aid. To the *consumptive* I would say, read my work on that disease, and if not convinced of the great superiority of practice there laid down, and the many cures there found, take the trouble to call on any one therein named, and be convinced that there can be no better practice in that disease, than the one by which three-fourths of those who have applied for aid, have been cured.

"Our bane and physic the same as earth bestows,
And near the noisome nettle blooms the ROSE."

The Professor of Medical practice in the University of Pennsylvania declares, after a long experience, that although he has not found the long looked-for remedy for consumption, "it may be presumed that there is a cure (he should have said a mode of cure) for pulmonary consumption hereafter to be revealed, as a compensation for diligent and persevering exertions in this interesting field of inquiry."

How many able and worthy members of the medical profession have wasted their time in endeavor-

ing to find that which in the nature of things cannot exist; a remedy for a disease, which in its nature has three features, emaciation, ulceration, and debility, all of which proceed from one cause—fever, of a peculiar cast—which have never yielded before this, and never can, to any one remedy; but which have all kindly yielded to my Prophylactic Syrup, Cough Syrup, Tonic Mixture, and Tonic Alterative Pill, in seventy-five cases out of one hundred. The patient's constitution must be altered by the prophylactic syrup—freed from diseased productions in the bowels, by the tonic alterative pills—strengthened by the tonic mixture—expectoration kept up by the well known cough syrup, and the air-cells of the lungs kept open by the regular use of my valvular breathing tube. To see individuals daily returning to my office, expressing by their looks, their praise, the great improvement in all and every case, is a delight inexpressible; while it assures me that my worthy preceptor above alluded to, was right, as he most generally is, when he declares—"there is a *cure* to be revealed to *diligent research*!"

The various valuable remedies which I now possess, are the result of long and diligent study in the University of Pennsylvania, and particularly the years spent in the Laboratory of Professor Hare.

I cannot recur to this circumstance, without a lively recollection of the advantages derived from the intimate and friendly intercourse I have long enjoyed with the Professor of Chemistry in the University of Pennsylvania. That he may long enjoy the reputation he now possesses as a public lecturer and private citizen, is the ardent wish of one who cannot flatter.

WITH REGARD TO EXERCISE.

SYDENHAM was generally in the habit of recommending riding as an exercise of much value as a prophylactic, and perhaps it will be found that riding may produce all the benefit of walking or running without the fatigue ; I have already given an instance of the great advantages arising from horseback exercise under another head, and its value is too well established to require repetition here. I shall, therefore, pass on to gymnastics, as a mode of exercise, particularly in the winter season, best calculated to assist the physician in restoring his patient to health, whose sedentary habits may demand something of this nature, or whose debility may prevent him from leaving his chamber. The most proper machinery for this purpose will be a pair ladders ten feet high, set six or eight feet apart at bottom, and firmly secured at top, and so braced that there shall be no risk of falling ; a pair of horizontal bars six or eight feet long supported on two stands, in such a manner that the individual exercising, may walk between them, and by placing his hands upon the bars, raise his body by the action of the pectoral, and other muscles, until the feet swing clear of the floor. This exercise will generally be found to produce a glow, and give rise to a free circulation throughout the limbs ; I have often been called to visit patients, who were unable

to raise the hand to the head, in consequence of great debility of the muscles, and after daily trial for two weeks, could perform many feats upon the ladder above described, raising the whole weight of the body from the floor to the great astonishment of all their friends. Strong ropes may be secured at opposite points, on the wall, to bear the weight of one or more persons at the same time; upon these ropes so fixed, individuals may perform all the evolutions of a sailor, and in a short time obtain strength and a consequent free circulation in muscles, that might otherwise soon become comparatively useless.

A remarkable case of this kind occurred in my practice in the fall of 1837. N. P——, a young man, about twenty-two years of age, was taken with pneumonia, from which he recovered under the use of the usual remedies; but the muscular power of his limbs remained so feeble, that he despaired of ever being able to leave his room; tonics and friction, with the most stimulating liniments, had no effect. Under these circumstances I determined to try the efficacy of exercise on the voluntary muscles, and at the same time recommended full and deep inhalation, and a consequent full expansion of the parenchyma; a double ladder twelve feet high was made for his use, and at the expiration of three weeks I found him suspending his body from the top rounds by his hands, although at first unable to raise them above a level with his shoulders; he soon recovered his usual health, which he still continues to enjoy.

The ancients no doubt were fully acquainted with the advantages derived from gymnastics; and consequently recommended these exercises to be particu-

larly practised by those who might be destined to take an active part in their wars; this they considered necessary, to produce that muscular strength required in the field of battle. War was a laborious occupation from the weight of the armor used by the ancients, and strength must be acquired by exertion, and supported by constant exercise. The gymnastic games were consequently connected with their religion, and victory in them was politically rendered an object of the highest importance.

—————"Palmaque nobilis
Terrarum dominos evehit ad deos."

The gymnastic art had attained no inconsiderable degree of perfection in the time of Homer, as we find from the description of the games at the funeral of Patroclus. Gymnastics were introduced, however, into medicine only about the time of Hippocrates, or perhaps a little before his era by Herodicus his father. The gymnastics of the warriors were too violent for the diseased, or even for the preservation of health in those not naturally strong; and Hippocrates, in his work on regimen, speaks of exercise in general, of walking, of races on foot or horseback, leaping, wrestling, the corycus, or exercising the suspended ball, with the usual additions of unctions, frictions, and rolling in the sand practised in those days. Boxing, the pancratia, boplomachia, running, quoits, the exercise of the ball, hoop, and javelin, required too great exertion to be admitted into the medical department; though walking, vociferation, recitation, and holding the breath, seem to have been among the medicinal exercises; and by this holding the breath, we must

conclude the ancients had some knowledge of the advantage arising from full inflation of the parenchyma. Hoffman mentions fifty-five kinds of medicinal exercises, which I shall not enumerate; Dr. Carmichael Symth recommends swinging as one of the best modes of exercising; he devoted a treatise entirely to this subject, in which he brought forward many proofs of its superior utility. I unhesitatingly recommend all the different modes, leaving their choice to the judgment of the physician; but as the double ladder, the horizontal poles, the festooned rope, swinging weights in the hands, horseback riding, walking, running, and inflating the lungs, have done all for my patients that I could expect or they desire, I shall most certainly adhere in the generality of cases to their use.

I have known sterility entirely cured by attention to some of these modes of exercise, thereby removing the debility of the nerves, which is in many cases the sole cause.

The peculiar delicacy of constitution often met with in young married ladies, preventing their ever becoming mothers, arises most frequently from their sedentary habits. By constant attention to proper exercise and a mild local treatment, I have known many blest with the full enjoyment of all their wishes, when neglect of these matters would frequently end in bad health, the forerunner of consumption. If we would wish to preserve good health in females we should attend to the harmonious action of all the functions. To accomplish this end, exercise is a powerful agent.

If we extend our observation to the inferior ani-

mals, and observe the difference between the tame and wild deer, we shall be struck with the importance of exercise. I have found in the course of my inquiries (and this has no doubt occurred to others) that tubercles are never met with in the lungs of the wild deer, while they frequently exist in the lungs of the same animal domesticated.

Perhaps this cannot be better exemplified than by way of contrast; swine, proverbially the most indolent of all animals, are the most subject to the tuberculous disease; hence the derivation of the word *scrofula*, from the latin *serofa*, a swine; and consumption and *serofula* are often the same, both resulting from tubercles.

I have introduced these facts as an argument in support of the importance of exercise; if that healthful prophylactic is properly attended to, I shall be fully repaid for all the trouble I have been at. I have thus far set before the reader, disease, and a preventive; not life and death, these are the dispensations of a higher power.

TREATMENT OF CONSUMPTION.

IN the treatment of consumption, many remedies that are worse than useless, are still recommended by some physicians, such as the removal of tonsils, the use of blisters—sometimes perpetual—emetics, cathartics, expectorants, demulcents, narcotics, alterative mercurials, astringents, tonics, balsams, inhaling

iodine, sea voyages, southern climate, wild cherry, tar, wood naphtha, &c., &c. But as I have used all these, and witnessed their full trial in the hands of others, I conceive myself fully prepared to pass judgment, and declare them utterly inefficient.

Exercise of the body and lungs, by inhalation, by gymnastics, or by the common pursuit of business (where this is sufficient), regulation in diet and digestion, attention to the healthy action of the skin, and all the secretions, by the daily use of remedies I shall style prophylactics, will soon accomplish what the patient may look for in vain from the use of medicines already tried and justly condemned.

These prophylactic compounds will be constantly kept, by some of our most respectable druggists, accompanied with full directions.

In conclusion I would remark, that in the foregoing very brief sketch of the pathology and treatment of a disease hitherto considered as admitting of little more than palliative remedies, I aim at no literary fame. The harassing engagements of a laborious profession leave but little leisure or inclination to cultivate the graces of composition. My object will be fully accomplished, if by the labor, anxiety, and intense application of many of the best years of my life, I have succeeded in disarming of its terrors one of the most formidable diseases to which flesh is heir; and in infusing into the hearts of despondent and weeping relations the cordial—*hope*. Justice must cede to me the merit of having contributed largely to effect this important and most desirable consummation; and I fully acquit myself of the charge of arrogance or presumption, when I assert my ability to

control and cure a large majority of the cases of clearly developed *pulmonary consumption*.

The frequency of consumption the celebrated Stohl attributed to the introduction of Peruvian bark. The equally celebrated Morton considered bark an effectual cure. Reid ascribed the frequency of consumption to the use of mercury; Brillonnè asserted that it was only curable by that mineral. Rush said it was an inflammatory disease, and should be treated by bleeding, purging, cooling medicine, and moderate living; and Salvadori maintained that the disease was one of debility, and should be treated by tonics, stimulating remedies, and a generous diet. Galen, among the ancients, recommended vinegar as the best prophylactic or preventive of consumption; Dessault, and other modern writers, assert that consumption is often brought on by the common practice of young people taking vinegar to prevent getting fat. Dr. Beddoes recommended foxglove as a specific in consumption, while Dr. Parr, with equal confidence, declared that foxglove was more injurious than beneficial! Now, what are you to infer from all this? Not, as some of you might be tempted to believe, that the science of medicine is deceptive, or incomprehensible throughout, but that its professors have to this very hour neglected to make themselves acquainted with the true principles upon which all their remedies act, and often know as little of the true nature of the diseases whose treatment they so confidently undertake; and what must be the daily, the hourly result of this terrible ignorance and uncertainty? In the words of Frank, "*Thousands are slaughtered in the quiet sick room.*" "Govern-

ments," continues the same physician, "should at once either banish medical men and their art, or they should take some proper means, that the lives of people may be safer than at present, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trade." To the medical men of our own city, who took an active part in the cholera of 1832, I would say, reflect on the words of Frank. See preface to "*Rush's Hamlet*."

DEAR SIR :—Perhaps the following copy of a letter, addressed to me by a former patient of yours, W. Hatch, Esq., of Miss., may not be unacceptable to you. It is not transmitted as an extraordinary case of the success of your system of treatment, but that it may be added to the number of those, scattered throughout our country, who, abandoned to die by distinguished physicians, have found in you a welcome deliverer from a premature grave. Having passed several weeks in the house with Mr. Hatch, in Philadelphia, while he was under your care, and becoming interested in his case, I watched its progress with great solicitude.

I doubt not, that the sentiments expressed will be as agreeable to yourself, as the narrative has been gratifying and instructive to yours, respectfully,

W. W. HALL, M.D.

DEAR SIR :—The interest with which you have regarded my case, since I became the patient of Dr. Rose, of this city, leads me to believe that a free statement, from the appearance of the first alarming symptoms, up to the present time, would not be uninteresting to yourself, while it affords me an opportunity of expressing the high estimation in which I hold the character of the distinguished physician just named, and the system of treatment originated and perfected by him, for arresting and eradicating a disease so terrible, so steady, so surely fatal, as that of consumption of the lungs. Having no part of a medical education, I shall strictly confine myself to a statement of facts, in ordinary language.

Whilst ascending the Ohio in a steamboat, in June, 1842, in company with part of my family, on a northern tour, I was, without any apparent cause, suddenly attacked with hemorrhage of the lungs, which caused me to abandon my trip, and return to my residence in Mississippi. I immediately consulted my family physician, a gentleman who stands at the head of his profession. On a minute examination, he assured me that there was a predisposition to consumption, rather than an actual attack. After following his directions for some time, the hemorrhage gradually disappeared. The succeeding fall and winter were passed in only tolerable health. As the warm weather approached, I began to feel, towards the evening of each day, a general weakness, which gradually increased. Expectoration of a whitish color appeared, and in April of the present year, all the symptoms becoming daily more alarming, my physician was requested to repeat his examination, and give a candid opinion, which was, that my lungs were affected, —I could not be cured—might live many years, but it was uncertain.

Within two weeks after this, a severe attack of hemorrhage came on at night while in bed. By the sedulous care of my medical attendant, I was relieved in a few days, but was left in such a weak condition as to be unable to leave my chamber. My physician now recommended a trip to the sea shore, as soon as it could be undertaken. This course was adopted. On my arrival at Philadelphia, on the 20th of June last, I had occasional fever and night-sweats. Any exertion in conversation produced weariness and hemorrhage. My voice was not natural and full, but hollow and incomplete. Rest at night much broken, slight cough, pain, sometimes in the breast, at others between the shoulders, shortness of breath, digestion impaired and bowels constipated. Having taken lodgings at the Franklin House, I accidentally heard of Dr. Rose, as a very skillful physician in diseases of the lungs, and was prevailed on by a friend to call upon him, although contrary to my intentions, as I considered it useless to consult any one. Accordingly I repaired to his residence in Arch street in a carriage, being unable to walk so far. Having no hope of a cure, I merely asked him, after he had examined me, if he could give me any relief; he very promptly replied, he

could cure me. This announcement, at the time, did not afford me that satisfaction which it would have done, had I not thought him mistaken. Being, however, interested in his conversation, and pleased with his manners, I determined to give his remedies a trial, especially as they appeared to be at least innocent, while his views seemed rational. These impressions were confirmed on reading a book which he had published on the curability of consumption, and I now began to feel gratified that I had made his acquaintance.

After using the remedies ten days, expectoration increased, but was made with more ease; it then began gradually to diminish, and at the present time has almost entirely disappeared. My strength has regularly improved. In one month, my chest had increased more than an inch in size; and in another, over half an inch more. Fever and night-sweats entirely disappeared in thirty days; and for two months I gained in flesh one pound per week. My digestion is now better, and my skin clearer than it has been for ten years. My breathing is full, my voice strong and clear, and I am able to walk several miles a day without inconvenience. Although I have exposed myself to night air, to damp, and even wet, rainy weather, I have not taken the slightest cold. Exposure to heat affects me more, and cold less, than formerly.

And now, sir, from the great change which has taken place in my system, I think I am warranted in believing, that by continuing the remedies some time longer, my health will be entirely restored.

In closing this communication, allow me to express for Dr. Rose the grateful feelings of my heart, and a sincere wish that his life may be long, prosperous, and happy; and that it may prove as great a benefit to thousands of suffering people, as it has been to your friend and obedient servant,

W. HATCH.

In view of the above case it may be asserted with great safety, that there can be no good reason why others having similar symptoms, may not, by the same treatment, experience in their own persons the like happy results.

CASE 2.—J. B. S.—, aged 42 years,* applied to me in December, 1833, for the relief of a severe neuralgic pain of the heart, attended with much palpitation, and constant cough. He stated that he had been directed by his physician to observe perfect rest, to eat no animal food, and to take of Lugol's solution five drops night and morning.

His symptoms (for which he supposed he was using the best remedy) increased, and he became alarmed for his own safety; after persevering for several months without relief, I was consulted.

I found, upon examination of the chest, that the summit of the left lung was the seat of an abscess, occasioned, no doubt, by a severe inflammation of that part, which he stated had existed a few weeks before the palpitation of the heart commenced.

I assured him at once that the heart was free from disease, although its motion was somewhat out of order, and commenced a different treatment.

I directed one of my prophylactic pills to be taken nightly, and the application of my liniment to the spine, immediately over the fifth dorsal vertebra, and a ride of half a mile in an open carriage in the morning of every fine day; on the fourth day of this treatment, my patient called at my office some little improved in spirits, with rather less frequency of pulse. The expectoration was still very great, but the cough less frequent; the pills had improved the state of his digestion, and the uneasy feeling he had complained of for many months was in a great measure removed. I directed the left side of the thorax to be bathed night and morning with the irritative liniment, and the pills to be continued. On the twelfth day of my

treatment he called again, to say the soreness had all left him; upon applying my ear over the upper portion of the left lung, I found distinct pectoriloquism. I now furnished him with a small tube, directing him to breathe through it as long as he could at one period, without being oppressed, to continue the pills and liniment, and to call in a few days again.

On the following day he left the city, and remained at his brother's residence, in Delaware, for two months; at the expiration of this time he returned, when the change for the better prevented my immediately recognising my patient.

He stated that the cough had left him gradually, his expectoration was gone, and that he was now able to leave for the West—which had been his determination a year previous, had not his heart affection prevented it. (Still harping on the old palpitation.) Two years after I received a letter from J. B. S——, informing me his health was never better, and that he had married and transferred his heart affection.

CASE 3.—A young lady, the daughter of a very respectable grocer in this city, who had for many months suffered from weak digestion, and consequent debility, for which she had taken various remedies without permanent benefit, became consumptive; after many proofs from various symptoms of the existence of phthisis, I was called to visit her in consultation with her uncle, her attending physician, who gave it as his opinion that she could not survive six weeks; and observed that I had been called to satisfy her brother. I replied, as I was then in the house, per-

haps he was already satisfied, and that I conceived the next step of importance was to examine the case. I found the patient much emaciated, with some cough and night-sweats, and upon applying my ear to the chest, discovered the existence of a small cavity at the summit of the right lung, while I also detected a dry crepitous rattle, with bubbles, manifested by auscultation—the certain proof of emphysema. This state arose from a spasmodic affection of the throat, which the patient had been subject to for more than a year. There existed much oppression, and upon being informed that this symptom had come on suddenly, after a distinct sound in the chest, resembling the tearing of parchment, I concluded in my own mind that a rupture of some of the air-cells had taken place, and that in time cicatrization would happen through the consequent dilatation of the parenchyma. I, therefore, supposed a favorable prognostic existed, and of course differed in opinion from the attending physician. I supplied this patient with a large quantity of prophylactic pills, one of which I directed to be taken morning, noon, and night; from the existence of spasms in the throat, preventing free respiration, I concluded there was little use for an inhaling tube. And I am happy to add, that this young lady now enjoys perfect health.

CASE 4.—Mrs. M. W.—, aged forty-two years, applied to me in 1834, in consequence of a continued hacking cough, which had been existing for four months, notwithstanding the use of all the known remedies or cough mixtures; upon examination of the chest by percussion, I at once discovered the right

lung was perfectly useless to her, and that its greater portion was occupied by an abscess. Believing surgery might afford some relief, I proposed a consultation with my friend Dr. J. Randolph, which was acceded to; the doctor made the same examination, and agreed with me at once in opinion. The patient was very desirous that something should be done to relieve her breathing, and was willing and anxious to have an operation performed; there being great emaciation, and very great debility, we concluded to support her strength with a portion of rich soup and malt liquor daily; this she took freely for three or four weeks, and recovered some strength, the bowels keeping tolerably regular for some time; this did not continue long, however, and at the expiration of about four weeks from our first visit, constipation took place, and all purgative medicine swallowed produced no operation. The use of a terebinthinate injection had a better effect. A large tumor was now distinctly felt immediately under the right false ribs, and in a few days this became very prominent, yielding fluctuation by percussion. She now repeated to me her desire for an operation, and begged me to puncture this large gathering (as she called it). I promised this should be done, and on the following day requested my friend Dr. S. G. Morton to be present at the operation.

Dr. Morton examined the tumor, and we jointly concluded that an operation was not only safe, but justifiable.

After providing bandages, compresses, &c., I proceeded by making a small incision through the skin, immediately over the most prominent point of the

tumor, and then changing my scalpel for a small trocar, I gently pressed this instrument through the muscles and into the enlarged liver, the seat of the abscess; upon withdrawing the trocar and leaving the canula (with which this instrument is generally sheathed), thin unhealthy pus flowed freely through it. This continued until six quarts had been discharged, without any signs of syncope being produced. I should not mention this large quantity, had not Dr. Morton been present, who can vouch for the authenticity.

The respiration and general unfavorable symptoms continued to improve, the cough completely leaving her for three weeks. At the expiration of this time, the oppression and cough returned, and she sank rapidly, living one month after the operation, from which no ultimate benefit could be promised, although demanded for relief.

Autopsy, assisted by my friend Dr. Morton, twelve hours after death :—The right lung, as had been anticipated, was nearly destroyed by ulceration, except a small portion, which was found shrunk up under the right clavicle, while the cavity of the pleura of the right side was filled with the same kind of matter which had been discharged by the operation a month previous. The heart was found to be perfectly natural, although this patient had suffered much from palpitation; the left lung appeared healthy, with the exception of its upper lobe, which was hepatized; the cavity of the pleura of this side contained about four ounces of serum. The right lobe of the liver was found greatly distended, and upon being punctured, discharged as much thin matter or pus as

would make up (with the quantity found in the chest) the same amount discharged at the time of the operation; the liver was only a sac containing this fluid, its walls not thicker than four lines, its upper portion adhering to the diaphragm, and opening into the right pleural sac by a sinus; 'accounting for the great relief the patient had experienced in her breathing after the operation.

The health of this patient had been declining for many years from leucorrhœa; this circumstance led me to examine particularly the state of the uterus; and from the situation in which I found this organ, I concluded our general remedies for that disease must frequently be very inefficient; I determined from this hint to change the practice somewhat, and my success in the treatment of uterine diseases since that period will always prevent my regretting a desertion from the old plan of treatment generally pursued.

CASE 5.—Miss E. S., aged 17 years, in the spring of 1835, after long exposure to a cold and damp easterly wind by riding in an open carriage, was taken with a chill which proved to be the commencement of pneumonia. Medical aid was soon called, and the following treatment at once directed; she was bled freely, and as often repeated as the nature of the case required. Evacuants were used freely and properly, and a slow convalescence was brought about.

Some days after her physician left her, she complained of a slight pain in the right side, for the relief of which her parent administered a large dose of calomel, which operated slightly, and was not fol-

lowed by any other medicine ; the following day she had some fever and a return of her cough ; the breast was rubbed with a stimulating liniment, and a blister applied. The consequent inflammation of the cuticle and general soreness produced, prevented full motion of the chest, and the patient soon complained of much oppression in breathing. This created some alarm, and her physician was again called in, who, imbibing some of the views of the patient, directed a large plaster of Burgundy pitch, sprinkled with Spanish flies, to be applied to the back and shoulders. This effectually prevented all healthy respiration or full inflation, and the best selected internal treatment was consequently of no avail ; the lungs were supposed to be diseased, and I was called in consultation. I could not explore the chest on my first visit, in consequence of the very great inflammation and soreness of the whole surface of this part, occasioned by the blisters, liniments, plasters, &c. But finding the bowels still slow, with a slight degree of ptyalism, I directed one of my pills to be given morning, noon, and night (the composition of which I made known to the attending physician), with ten grains of nitrate of potash as often, all the plasters to be removed, and the chest bathed frequently with a little cool brandy. The application of brandy to surfaces inflamed in this way, or by blisters alone, is perhaps one of the most soothing and comforting we can direct.

The nitre, the prophylactic pill, the removal of all external irritants, had a most charming effect. On my next visit, the lively countenance, the cheerful expression, the desire to be questioned, that she

might answer for herself, told all that I could wish to hear.

Her fever had left her, the skin naturally moist, the tongue looking much more like health, the eye lively. and the irritable state of the throat much subdued. The peristaltic action of the bowels improved, and there was so much improvement in the state of the skin over the thorax, that I was now able to examine the state of the lungs by percussion, auscultation, &c.

I found immediately under the left clavicle, the respiratory murmur could not be heard; this part gave a dull sound on percussion, and the difficulty of breathing was much increased by lying upon the left side. As there was some pain produced by a deep inspiration in this part, I directed my liniment to be applied to the back in a small compass over the fifth dorsal vertebra, and the pills to be continued. On my next visit I found very little uneasiness or pain in any part of the chest, by full inflation, and less inconvenience produced by change of position. I now furnished a small tube for inhaling, with the general directions in manuscript, ordering at the same time a continuation of the pills morning and evening, and a moderate diet of small portions of venison (one ounce), and one cracker, morning, noon, and night, with one wineglass of good ale after the mid-day meal; the daily use of dumb-bells, and a brisk walk up and down the chamber several times through the day. With these directions, and a promise on her part to continue them faithfully, I left my patient under the care of her attending physician.

At the expiration of six weeks, she called at my house in a carriage to report her health; there was

now distinct respiratory murmur heard in every part of the chest, and I agreed with her in opinion that further treatment was unnecessary.

This young lady still continues to enjoy uninterrupted health, without the least appearance of ever having had lung affection.

Case 6.—In March, 1835, I was consulted by Miss M. R——, aged twenty-two, for a painful affection of the chest, attended by considerable cough and expectoration of blood, mixed with frothing yellow matter. She stated that she had lost her mother and sister with the same disease, and believed she herself was going rapidly; upon exploring the chest I found the summit of each lung was obstructed by tubercles, several existed on the sides of the neck, and many under the scalp; she experienced much inconvenience from these small tumors, when her bonnet pressed them; I proposed their removal, which she acceded to, and commenced a general treatment: I directed her to leave the city, to use daily a pair of dumb-bells, to make full inspirations frequently through the day, to swing by the hands from the lower limbs of peach or apple trees (which I knew she would find on the farm she had chosen for her location). I provided her with my syrups, and a large box of prophylactic pills; she continued at the farm, and most of the day (in fine weather), in the orchard swinging upon some of the horizontal limbs. The expectoration gradually diminished, her strength returned, her chest and hips expanded, she became robust, and still enjoys good health; her chest, in August, 1844, when I last examined it, showed no

marks of disease. I then, for the first time since I made it, observed that I had kept my promise, and that with common prudence she might enjoy a long life.*

I had left one of the small tumors on the head, for the purpose of seeing whether the internal use of medicine could produce its absorption; upon searching for it after she returned to the city, I could discover no trace of this tubercle.

CASE 7.—Mrs. S. W——, aged thirty-nine, applied to me in May, 1835, for advice in her case. She stated that for eighteen months previous, her health had been declining, with continued cough, much expectoration of bloody matter, and hectic fever. She had been six months under the care of two very able physicians, whose treatment corresponded with that of others under the same circumstances: as she had received no benefit from medicine, and as dropsy had taken place, which, in her opinion, was to end her suffering, she gave up all hopes of recovery; but as her cough and expectoration had diminished, while her strength had increased, and her chills, fever, and night-sweats, had completely left her, she consulted me for the cure of her dropsy. This I observed might be accomplished, but that, in my opinion, she owed her recovery from cough to this disease. This opinion I formed from the fact of there being no œdema, which led me to conclude the dropsy was encysted, while the abdomen was as large as is generally met with in the last

* I have never known my prophylactic syrup fail in removing tubercles (or curing scrofula) when used in time.

months of gestation. I had no doubt that the relief from her pectoral affection was owing entirely to the support the diaphragm and lungs received from the existence of this disease.

I therefore advised her to continue without medicine, and to let me know immediately, if any of her old symptoms of cough or expectoration should take place. In October, 1835, I was again called to visit this patient, when she requested that I would do something for her dropsy, as she had no return of cough or spitting, and thought that dropsy had done all it could for her, and that now she would like to do without it, if possible. Having some suspicion of large hydatids in the uterus, I proposed an examination per vaginam, and soon discovered that the views I had of her case were well founded. The uterus was as large as we generally meet with at the ninth month of gestation; I proposed the introduction of a common sound through the os uteri, which was acceded to, and by making a few rotatory movements, broke the sac containing the fluid, and in a few moments my patient was relieved from all her distress from dropsy. I directed her to lie with her head and shoulders low, and to keep constantly applied round the lower part of the abdomen a broad bandage moderately tight; my object was to support the diaphragm as much as possible. She soon recovered without the use of any medicine, and now continues in perfect health.

CASE 8.—A. W——, aged thirty-two, consulted me in November, 1836, for the relief of a troublesome cough, with scanty expectoration of matter

streaked with blood, which had existed for several months. He had been frequently lecched on the throat, and as often blistered. He had also inhaled iodine for a long time by the advice of his physician, and had tried a short sea voyage without relief. Upon exploring the chest, I found the parenchyma healthy throughout. He complained, when exposed to the atmosphere of heated rooms, of a deep-seated pain and sore feelings at the upper part of the sternum (or breast bone), which was much increased by inhaling a very cold air, but was greatly lessened when the weather was temperate. He had avoided all stimulating drinks, and animal food, dressed warm, and particularly protected the chest and neck. This I directed he should remove as soon as possible, and bathe the part night and morning with cold salt water; I supplied him with my solution of gold, and ordered him to touch the fauces with a soft camel's hair pencil, moistened with the solution, night and morning; to commence the daily use of the Lisbon diet drink, and one of the compound prophylactic pills to be taken nightly. At the expiration of one week A. W—— called at my office much improved, his expectoration had diminished very considerably, his soreness of throat nearly gone. He continued to mend from this time, and after this treatment had lasted two months, he considered remedies unnecessary. This patient continues to enjoy perfect health.

CASE 9.—Miss E. D.—, aged twenty-four, came from the State of Maryland to consult me in the month of September, 1840; she complained of great

soreness of the throat, with enlarged tonsils, and continued cough, except a few hours after the use of a cough mixture, which always produced sleep.

The upper lobe of the right lung yielded a dull sound upon percussion, and she complained of a deep-seated soreness when pressure was made on the ribs over this part. Her cough was very constant, but without expectoration; her pulse frequent and tense, the tongue coated except near the end, which was of a deep red, her cheeks occupied by a hectic blush, lips thick and protruding. In fact all the marks of incipient tubercular consumption, commencing in a constitution loaded with scrofula. The indications in this case were plain; to soften and cause absorption of the tubercles, to remove the hectic, and change the diseased action into healthy. Laennec, it would appear by reference to his work on diseases of the chest, places little confidence in remedies said to possess the power of softening tubercles; I am by no means astonished at this. By a perusal of his writings, it will clearly be seen that this "great author," like many of his predecessors, introduces to the reader a variety of remedies, the utility of which, in his mind, is doubtful; without attempting to account for their failure, or proposing a better means of cure.

He classes under the head of empirical remedies, mercurial salivation, and emetics (which have been highly recommended by many distinguished practitioners in imitation of a sea voyage. Why they should select the most unpleasant part of a sea voyage, has, I must acknowledge, always appeared strange to me: and from what I have already said in relation to the

advantages of a sea voyage, it must appear evident that I place little reliance on the mere effect produced on the stomach. Laennec also places under the head of empirical means, charcoal, mushrooms, red cabbage, wolf's bane, crabs, oysters, frogs, vipers, electricity, opium, cicuta, cinchona, hydrocyanic acid, the seeds of the phellandrium aquaticum, &c., &c. How the opinions of Laennec have been received by those practitioners who have relied on opium, cicuta, hydrocyanic acid, mercury, &c., I know not. But to return to my subject; I directed this patient to use all the out-door exercise practicable, to throw off corsets and all restrictions to a free motion of the muscles of the body or limbs, to have a double ladder erected in the chamber, and a single large sized rope suspended from the top round; on this ladder she was to perform all the evolutions and calisthenics in her power, to climb the rope to the top by the use of the hands and arms alone, to use dumb-bells twenty minutes night and morning, and ride or walk out whenever the weather would permit; I directed as medicine the daily use of my prophylactic compounds, and every evening ten grains of the nitrate of potash. To rub the upper portion of the right side of the chest with an ointment of iodine nightly, and use the inhaling tube every four hours, for twenty-five minutes at each time. I prohibited all animal food, except wild meats, and these were to be used but once in twenty-four hours. With a continuation of these directions, I visited my patient every three or four days, perceiving improvement at every visit. Much change in the skin, and whole expression, was soon remarked by all her friends; the thickness of

the lips began to diminish, the hectic left the cheek, the tongue lost its morning dryness, the stoop and disposition to approximate the shoulders was soon changed to an erect and broad expansion of the chest, and at the expiration of four months she left the city in good health. I frequently see the relatives of this patient, and learn from them the pleasing fact that she still enjoys most excellent health.

CASE 10.—S. M——, aged thirty-three, called on me in February, 1837, with bloody expectoration, mid-day chills, evening fever, and nocturnal respiration; much emaciated, considerable cough, and great loss of strength, most sensibly felt early in the day from the constant perspiration of the night. I directed my liniment to be applied over the fifth dorsal vertebra, and a tonic alterative pill every night. At the end of one week he called at my office free from pain or soreness in any part of the chest, and upon exploration with the ear, I could distinctly perceive the existence of a cavity near the right lung with clear pectoriloquism; the corresponding portion of the left lung yielded a dull sound by percussion, while the respiratory murmur was very dull and indistinct; the night sweats still continuing, without perceptible chill, or much fever preceding. Having frequently met cases that were relieved of this unpleasant symptom by a remedy often used in the practice of my late and highly esteemed friend Dr. Joseph Parish, whose medical career was noted for success, I determined upon its trial in this case. I therefore directed the whole surface to be sponged every night with a strong solution of alum in hot

water, to which had been added a small portion of brandy; ordering at the same time the regular use of my prophylactic pills, and a full inflation of the lungs through the inhaling tube, which I had provided for this patient, made of glass, two feet in length, having a calibre one line and a half in diameter. The soreness originally complained of never returned sufficiently to demand notice—the expectoration diminished gradually, the bathing or sponging was used for two weeks, when the night sweats had completely subsided. The tonic alterative pills were used for three months, and the inhalation continued at intervals for two; at the expiration of this time the lungs became voluminous, the pectoriloquism was no longer heard at the summit of the right lung, while in the left the respiratory murmur was now distinct. October, 1841, continues to enjoy good health.

CASE 11.—In February, 1839, I was called to visit the daughter of a respectable merchant of New York whose health had been declining for more than eighteen months; she complained of constant pain about the middle lobe of the right lung, with palpitation of the heart, and much oppression in breathing: she had been confined to the house for more than six months, by the advice of her former physician, but not to her bed. She had taken many mixtures for her cough, which was very troublesome, but without relief. She complained of some soreness upon pressure being applied to the fifth, sixth, and seventh dorsal vertebra: this led her parents to believe the cough and emaciation were occasioned by a disease of her spine, for which I was consulted. Upon ex-

amination of the spine, I could not perceive any derangement in its column, but had no doubt that the state of the lungs communicated through the nervous system, their increased sensibility to this part. The locality of pain is deceptive, and often will mislead a superficial observer; we have often seen cases of severe hemiplegia, treated with blisters, setons, emetics narcotics, &c., without relief, at once cured by the extraction of a decayed tooth, which had not attracted the attention of the patient or perhaps occasioned the least uneasiness. Upon exploring the chest, the cause of this soreness of the spine was soon discovered; there existed about the middle of the right lung a space of about six inches in circumference occupied by tubercles, a circumstance sufficient, in my opinion, to account for the derangement of the motion of the heart, as well as the existence of all the unfavorable symptoms. There were several small movable tumors in the direction of the absorbents on the right side of the neck, which, the patient stated, had existed for more than twelve months; the skin was always dry, and the temperature above the natural standard of health.

I commenced the treatment by causing all the articles of dress (corsets, tight frock bodies, &c.), to be removed, and to use no garment that could in the least impede a full inflation of the chest, or prevent the arms from being raised perpendicularly above the head; I had my liniment applied to the portion of the spine complained of, and directed one of the prophylactic pills to be taken morning, noon, and night; to rid the system more perfectly of all the scrofulous tendency, I directed at the same time my prophylac-

tic syrup every four hours, and a bath daily of salt water at a temperature of eighty degrees Fahrenheit. This treatment was continued for one week with decided improvement, and at the expiration of that time, finding less cough and pain in the chest, I added to the remedies the use of the inhaling tube, a double ladder, dumb-bells, &c.

In about six weeks from the commencement of the treatment, the small tumor on the neck subsided, the pain left the breast and back completely, the respiratory murmur was distinctly heard throughout the chest, and the patient now took daily exercise on horseback. She continued under my care for three months longer, when she returned to her native city in perfect health. I frequently hear from this patient, who continues to be active and well.

TESTIMONIALS.

Case of Bronchitis and Ulceration of the Lungs.

Mr. John L. Crosby, of Chester, Pa., much emaciated, voice entirely gone, and given up by his former physicians, commenced the prophylactic syrup, lozenges, and tonic alterative vegetable pills, in March, 1844, and in June of the same year was completely restored, gaining his voice and forty pounds of flesh—continues well this day, May 1, 1846.

Richmond, Va., July 5, 1846.

DOCTOR ROSE,

Dear Sir,—A sense of justice to you, and duty to others, induces me to tender you the subjoined statement. I was hereditarily predisposed to lung disease. In February, 1842, I ruptured a blood-vessel, spit blood, became alarmed, had the best medical advice the city of Richmond afforded, all of whom pronounced my case hopeless. I spent part of two seasons at the famous Red Sulphur Springs, in Virginia, with but slight improvement; took all the known and advertised remedies, among the rest, Dr. Wistar's Balsam of Wild Cherry (16 bottles), and to no purpose. Spent all the money I and my friends could raise. My chest was twice examined by Dr. J. A. Swett, Lecturer in the New-York Medical College on Diseases of the Chest; he pronounced my case as hopeless. When I returned from the Springs, it was thought by my friends and physician that I could not live to see the approaching spring. In December, 1842, I heard of you and your remedies; came to see you, since which I have seen you only three times, and, living at so great a distance, had frequently to be without your advice and remedies for several months. At that time I was spitting up blood, mixed with matter, pain in my side and breast, great weakness and shortness of breath, and violent cough; since I have been using your remedies my improvement has been very great; I have been thrown back

by frequent attacks of intermittent fever, which is very prevalent with us. I feel no hesitation in saying that I now enjoy comparative good health, and I believe Dr. Rose's advice and remedies, strictly attended to, will cure three-fourths of all the cases of consumption of the lungs. May your life be long and happy, and may you be the means of imparting hope and comfort to the hopeless, is the prayer of your friend and obedt. servt.,

JOHN B. SMITH.

Letter to Dr. Rose, No. 18 South Eighth Street.

Philadelphia, April 30, 1846.

DR. J. S. ROSE—Dear Sir: I feel bound in common justice to you to express my unfeigned thanks for your kind attention to me during my protracted indisposition, from which I am happily relieved by the use of your PROPHY-LACTIC SYRUP or Panacea; you very well remember in what condition I was when you first saw me, literally covered with ulcers, having lost the use of my limbs by a long continued cutaneous disorder, with my hands bound up in poultices, and despairing of ever being able again to use my needle, from which I derive my support, and I must again reiterate my thanks for your personal attention; truly you have enacted towards me the good Samaritan. I hope that many afflicted may hear of and use that most valuable of all Panaceas, and derive like benefit as I have done from its use. I was for three years entirely helpless, and am now restored to perfect health.

SARAH MOORE,

Eleventh Street, four doors below South St., West side.

Miss Antoinette Wicks, of Maryland, came in March, 1843, much reduced in flesh, voice weak, lungs much disordered—despaired of relief by herself and friends. After using the tubc, tonic, alterative pills and prophylactic syrup for one month, her hopes were much increased in a recovery, and by persevering she expanded the chest some inches, and became robust, returning to her long-looked for good health, which she continues to enjoy at this time, without cough, expectoration, weakness of voice, or any other symptom of lung affection being left.

Mr. Jno. S. McMullin, of Philadelphia, now my General Agent, in 1841 was suffering from a positive affection of the lungs, with much cough, expectoration, a deep seated pain in the right lung ; and not being able to lie on the affected side for a long time, and failing to obtain relief from the old system, as also the Homœopathic, was in a few weeks restored by the use of the inhaling tube, prophylactic and cough syrup, and tonic pills, and has been blessed with comparative good health ever since.

Jacob Kneply, Brooklyn, Prospect street, near the Navy Yard. This case is peculiar. The patient, aged 64, had been gradually declining in health for ten years, trying from time to time, all the preparations of wild cherry, expectorant mixture, &c., in conjunction with the advice of several physicians of the old system. Hearing of me, but despairing of relief, he visited me in Philadelphia, in June, 1843. His only question was, how long can I live, and what will give me most relief ? Upon examination of the chest, I replied, I can cure you ; your lungs are not so much decayed as to preclude the hope of cure. He commenced. The tube, prophylactic syrup, cough syrup and pills were used, and in two months he was so much benefited that he determined to persevere, which he having done for one year, returned to his full employment, in good health, and continues so at this time, living at 192 Prospect Street, Brooklyn, near New York.

We have a variety of letters from cured patients, similar to those already cited, which may be seen at the Office, No. 18 South Eighth Street, Philadelphia, but wishing to spread other useful and welcome facts in relation to other kinds of cases, and other remedies, must be content to say that they may be seen at the office.

GLANDULAR DISEASE.

I WILL just shortly observe, that complaints of this kind, whether involving some large gland, such as the liver, pancreas, or spleen; if the last-mentioned viscus be indeed a gland, or taking place in the glandular apparatus of canals, the lachrymal or biliary ducts, the eustachian, salivary, and urinary passages, for example; such disorders may all be advantageously treated by the various chrono-thermal medicines. Disorders of the smaller glands, whether situated in the neck, arm-pit, or groin, or in the course of the mesentery, are for the most part termed "scrofula," and by some practitioners presumed to be incurable; than which nothing can be more erroneous, unless it be the system which renders them so,—namely, the application of leeches to the tumors, and the purgatives so unsparingly employed by many in their treatment. All these various diseases are features or effects of remittent fever; by controlling which with the chrono-thermal agents, they may all, in the earlier stages, be at once arrested, and some, even of a chronic character, perfectly cured by a combination of these remedies with prophylactic syrup and pills. I could give cases innumerable in proof of this.

CONSUMPTIVE DISEASES OF JOINTS.

VERY much akin to the consumption of the lungs are various diseases which, from their external manifestations, have been too long left under the exclusive dominion of the Surgeons, namely, those destructive affections of the joints, which so often bring the subjects of them to the amputating table. I forget the particular operative eminent who thanked God he knew nothing of physie! Such a confession was very proper for a butcher, for the barber-surgeons of former ages; but the medical man who, by well-directed remedies, prefers the honest consciousness of saving his patient from prolonged suffering and mutilation, to the spurious brilliancy of a name for "Operations," will blush for the individual whose only title to renown was the bliss of his boasted ignorance, and a mechanical dexterity of hand, unenviably obtained by an equally unjustifiable waste of human blood. It is truly atrocious in the legislature of this country to permit the present hospital system; a system that only encourages ignorance, presumption, and heartless cruelty. No man in his senses would put himself under the care of a "Hospital Surgeon," if he knew that scarcely one of those self-conceited creatures is in the very least acquainted with physie. What would some of these supercilious mechanics say to the following cases?

CASE 1.—Harriet Buckle, seven months old, had what is called a scrofulous elbow. The joint was much enlarged, red, painful, and pervious to the probe, with discharge. The patient was the subject of diurnal fever. Notwithstanding the assurance of the mother that amputation had been held out as the only resource by two “hospital surgeons,” under whose care the child had previously been, I confidently calculated on success. A powder containing calomel, quinine, and rhubarb, in minute doses, was directed to be taken every third hour. The case was completely cured in a fortnight, without any external application.

CASE 2.—A young gentleman, aged 11 years, had enlarged knee, with great pain and heat, which came on in paroxysms. Leeches, blisters, and purgatives had all been ineffectually tried by his “hospital surgeon,” who then proposed amputation; the boy’s mother hesitated, and I was called in. I prescribed minute doses of quinine. From that time the knee gradually got better, but a stiff joint was the result—ankylosis or adhesion having taken place before I was consulted.

CASE 3.—Another young gentleman, aged seven years, son of Lord C——, was brought to me with his knee as large as a young child’s head; abscesses had formed about the joint, and were still discharging when I first saw him. I prescribed chrono-thermal treatment; and notwithstanding that his limb had been condemned to the knife by his Brighton “hospital surgeons,” I obtained a complete cure—a partial

anchylosis only remaining. He had also been a patient of Sir B. Brodie before I was consulted.

CASE 4.—A boy, aged 6, began to lose flesh, to walk lame, and to complain of pain of knee, stooping occasionally to place his hand upon it when he walked. There was some alteration in the appearance of the hip of the same side when I was requested to see him. I adopted a similar treatment as in the above case, and the child rapidly recovered his health, with the complete use of his limb. He had been previously seen by a surgeon, who rightly pronounced the case to be hip-disease.

CASE 5.—A girl, aged 12, had enlarged ankle, with an open ulcer leading into the joint. Amputation, according to the mother, was looked upon as the inevitable termination of the case by two "Hospital" surgeons, under whose care the patient had been for twelve months previously to my seeing her. With small doses of quinine and —, the girl regained her health, and the ankle got well in six weeks.

The curious in Nosology (or the art of naming diseases) might demand the technical terms for the various affections. Will they be content with the simplicity of JOINT CONSUMPTION? Truly in surgical authors they may find verbiage enough to distinguish them all, such as "scrofula," "white-swelling," "*morbus coxarius*," "the evil," &c., but whether or not these words be explanations, I leave to more learned heads than mine to decide.

There is not a disease, however named, or by whatever caused, of which the most perfectly periodic

examples might not be given, and the only difference between diseases in this type and the more apparently continued forms, is, that the periods of the latter are less perfect, and the stages of their curriculum less marked than in the former. No physician will doubt that a purely periodic disease, whatever be its nosological name, partakes of the nature, and is more or less amenable to the treatment successfully followed in ague. Why then deny that the same disease, when less obviously periodic, partakes of that variety of ague misnamed continued fever, since all disorders like it have remissions and exacerbations, more or less perfect in character, throughout their whole course? What are such diseases but varieties of the more purely intermittent type? And what are the remedies found to be most beneficial in their treatment, but the remedies of most acknowledged efficacy in simple ague?

Remission and paroxysm are equally the law of what are termed local diseases, as of the more general symptoms which are supposed to be the exclusive province of the physician. John Hunter seems to be the only surgeon who has remarked this:—"exacerbations," he says, "are common to all constitutional diseases, and would often appear to belong to many local complaints." They belong to all. They may be observed even in the case of disease from local injury; and here I may give an instance in illustration of this, contained in a letter to me from Mr. Radley, of Newton Abbot, Devon, a gentleman well known for his improved method of treating fractures. Mr. Radley writes thus—"Many thanks to you for the 'unity of disease,' which con-

tains in it more of the true philosophy of medicine than any book I have ever yet seen. There are some passages that threw me into an ecstasy of delight on reading them. On the other side I send you a case strikingly illustrative of the truth of your new doctrine, and one that was presented to me in my own favorite class of subjects. It was not elicited by inquiry, but thrust most unexpectedly upon my notice; and had not your work prepared me for such a fact, I will be so candid as to say the fact would have been lost upon me. G. Manning, aged 42, fractured 'the tibia on the second instant. It was a simple fracture, with much contusion. To soothe the pain, he had solution of morphia after the limb had been laid on a pillow. When three days had elapsed, he still complained of pain, and on my inquiring when he suffered most, "Why, sir, 'tis very curious to me, for the pain comes every twelve hours *quite regular*, about midnight, when it lasts one hour and a half or two hours, and again in the middle of the day." The patient is now doing well under *bark*.

DISEASES OF THE HEART.

THE healthy action of this organ is frequently disturbed by other diseases, while its deranged motion constitutes only one of their symptoms; the practitioner being misled, often prescribes remedies under these circumstances that can have no influence on the real seat of disease; this is consequently allowed to go on unmolested, and the palpitation or irregular action of the heart which was originally symptomatic, becomes idiopathic, and consequently in most cases unmanageable. Diseases of the lungs, liver, stomach, bowels, spine, and nervous system, may be classed among the causes of heart affections; while the passions, such as love, grief, envy, and despair, should not be overlooked.

Idiopathic affections of the heart, are in my opinion of rare occurrence, comparatively speaking; they are generally unmanageable, and the individual thus afflicted, drags out a miserable life. Post-mortem examinations frequently betray the existence of diseases of other organs with decided marks of having preceded the heart affection. Any obstruction in glands will often produce derangement of the circulation, and consequently, great alteration in the heart's action; these glandular diseases frequently owe their origin to some derangement in the respiratory apparatus, by which the blood not being perfect-

ly changed from venous to arterial, is unfit for the purposes of health ; in this state it is returned to the heart, and sent by the route of the circulation to supply the different glands of the body. Its unfitness for this purpose soon produces glandular disease, and congestion of the venous system becomes the result. Derangement of the organs of digestion soon follows, debility with all its consequences takes place, and the heart is condemned unheard, or like the innocent victim of justice, not listened to by those who nominally preside as judges. The physician may feel the pulse and perhaps look at the tongue, but ridicules the use of the stethoscope, and consequently is ignorant of the state of things existing at the fountain of life.

We frequently find congestion in the venous system producing derangement of the digestive organs, which, not being relieved by medicine alone, soon yields to its use when assisted by free depletion.

Those physicians who are accustomed to think for themselves, and to apply to nature as the great and only unerring teacher, are aware of the frequency of such congestions, and their cause. The injected state of the capillary vessels of the stomach and intestines, must be productive of important derangements of the action of these organs. It is essential, therefore, to restore them to healthy activity by general or local bleeding ; and should this not suffice to bring them back to their natural functions, tonics may then be administered to correct any debility that may be left.

Corvisart mentions among the various morbid appearances observed by him in those who died in

consequence of disease of the heart, the high vascularity of the stomach. To such extent does this at times proceed, that, as he correctly states, the stomach will be nearly filled with sanguineous clots of a deep red color, extending also throughout the small intestines. I am induced to dwell upon this phenomenon, with which indeed my pathological inquiries have long made me familiar, principally from its singular importance in forensic medicine; although it is of no slight moment on other accounts.

Dr. Ramadge gives an account of a very interesting trial occurring some years ago; the parties in which were the Rock Insurance Office, and the executors of a respectable banker. His death had been sudden; and on opening his body appearances were presented, which induced the suspicion that the deceased had made away with himself. More than one hospital surgeon of eminence gave it as his opinion, that the individual in question had taken poison. Their authority would, in fact, have influenced the Jury, had not a young medical practitioner, a former pupil of mine, decided the point at issue by counter-evidence. It was, indeed, evident to the pathologist, from the detail of the circumstances, that the deceased had labored under some obstruction to the circulation, whence arose the congested state, and discharge of blood, which had misled the other medical witnesses.

Now the phenomenon, which I have just noticed, may be presented after death from another cause, which, however, produces the same results as cardiac disease, namely, inflammation of the lungs. As an instance of this fact, I may adduce the *post mortem*

examination of his late Majesty; and I recommend the considerations I shall have to make on this subject, to the especial notice of our honored President, Sir Henry Hallford. If I am wrong, he will correct me; and he cannot have a more graceful or loyal opportunity, of making public those pathological inquiries to which doubtless his life has been unremittingly devoted.

From the report made after death, to which was appended the name of that truly eminent surgeon, Sir Astley Cooper, it would appear that this gentleman referred the phenomena, presented on dissection, to disease of the heart.

This opinion is undoubtedly correct. Disease of the heart did produce some aberrations from healthy structure therein noticed. But, through tenderness, I presume, for his Majesty's more immediate medical attendants, he omitted to mention, that the aggravated symptoms of this disease, which, as he truly observed, "had existed for many years," were secondary, not primary causes, of such morbid phenomena. Accordingly, the President, knowing that Sir Astley's name is "a tower of strength," gave out afterwards that cardiac disease was the "*fons malorum*." Yet, such being his opinion, it is extraordinary that he should not have remonstrated against his Majesty's frequent drives in Windsor forest, in the severest weather, previously to increased indisposition confining him to his apartment. He must, of course have been aware of the pre-existence of his cardiac complaint; since although the President, I believe, does not employ auscultation, a careful exploration of their patient's chest must doubtless have been made

by one, or other, of the remaining medical attendants. Still I do not find, from his diagnosis (so far as this is to be gleaned from the bulletins), that he had any suspicion of an affection of this organ, previously to death. The said bulletins were indeed most "ambiguous givings out;" and were characterized, at the time, by Mr. Brougham (the late Chancellor) in rather severe terms. I forget the particular expressions of which he made use, but their tenor was, that so deceptive and unmeaning were those official documents, he defied any man to lay his hand upon a single passage from which the prospect of the event, deplored by the whole nation, could have been gained.

Supposing, however, that he did entertain the belief of his Majesty's laboring under some affection of the heart, I am totally at a loss to account for his apathy in permitting those repeated airings, of which the newspapers made at the time constant mention.

It is a fact, that on the sudden setting in of cold weather, numbers of elderly persons suddenly succumb to the manifestation of disease of the heart. This has long been observed in those establishments (at least I have noticed it) in which the aged are congregated together, as at our noble institutions, Greenwich and Chelsea hospitals. The reason is very apparent. Cold at once constricts the cutaneous capillaries, and thus operating on the deep-seated vessels occasions a congestion which the heart, called upon to exert fresh activity at a period when time, or disease, has enfeebled this vital organ, is unable to overcome. To use a technical illustra-

tion, an additional leverage is exerted, and the spring snaps.

Against the above account it may be objected, that dissection furnished evidence of cardiac lesion. The vascularity of the stomach, as I have already remarked, is no proof of the existence of disease of the heart; but what did exist had, doubtless, been called into activity by the unsuspected inflammation of the lungs.

In fine, as no diagnosis was recorded, it is presumable that no diagnosis was made, at least none that had careful exploration of the chest, by auscultation and percussion, as its basis. The evils resulting from such omission, may be conjectured from the preceding remarks.

By way of corollary to the above, and as an example of how confined the knowledge of pathology is, or else of its difficult acquisition, I may mention that about two years previously to the demise of his Majesty, I had had some preparations made, at a considerable expense, faithfully imitating the stomachs of persons who had died of the consequences of cardiac disease. These preparations were shown by the modeller to some of the most eminent in the profession, and in one case, to a gentleman who, he stated, was preparing to publish a work on the morbid appearances of the stomach in individuals destroyed by poison. They all pronounced the subjects, from whom the preparations were modelled, to have lost their lives by poison, or some acrid substance taken into the stomach.

In the report of the autopsy on the body of his Majesty, it is stated that the immediate cause of his

death was the rupture of a blood-vessel in his stomach. To this I can give no credence. The effusion was, I make no doubt, poured forth from the muco-villous coat of the stomach. It is generally supposed that the *vasa brevia* supply a channel for sanguineous congestions by the communication they furnish with the splenic end of the stomach; but in addition to this passage, I believe the vascular pores of this organ itself must facilitate the escape of effusion. This, however, is contrary to the opinion of Corvisart, who supposes that the liver unloads itself of its accumulated blood, through the intervention of the hepatic arteries and veins, and the *pori biliarii*, into the hepatic duct, and that the fluid conveyed by this means into the beginning of the duodenum, may, in part, flow back into the stomach. Now, frequently as I have examined the hepatic duct, both before and since my acquaintance with Corvisart's work, I have never been able to detect the presence of any sanguineous collection there.

The course of the disorder which terminated his Majesty's life seems to me briefly this: and I ground my opinions on the few hints to be gleaned from the President's bulletins, and the details of the examination after death. Cold, I conceive, induced inflammation of the lungs, which was latent, but could have been readily discovered by an experienced auscultator. The absence of cough, till within a few days preceding his demise, by no means invalidates the above supposition, as experience has fully shown me; and the difficulty of breathing, so often mentioned in the bulletins, tends to confirm it.

Consecutive hydrothorax first occurred in the left

side of the chest (between two and three quarts of water were found after death) and the compression of the lungs, produced by this effusion, might in some degree mask to the inexperienced, the auscultative signs of pneumonia. Had bleeding been seasonably employed, effusion could not have well occurred; and, as a proof of the inestimable value of auscultation, I must beg especial attention to the fact that venesection, critically applied, might not only have prevented the deposition of water in the chest, but had it been again resorted to at fitting periods, it would have obviated the sanguineous effusion from the stomach. This latter, indeed, arose from the general venous congestion brought on by the compression of the lungs just noticed.

Palpitations of the heart frequently exist without any organic affection; its violent commotion is often a source of great annoyance to the patient, and may frequently be heard some distance from the individual laboring under this symptom. I have at this time a patient under care, whose heart, in the beginning of her indisposition, could be heard pulsating ten feet from the bed-side; this violent action subsided under the use of an infusion of digitalis, and a powder composed of oxide of bismuth, rhubarb and ipecac., which was continued for three months, occasionally omitting the digitalis. Dyspepsia was in this case the sole cause, which yielding to the above medicine and a well regulated diet, the palpitation was soon removed, and the patient returned to ordinary health.

Certain positions of the body, obstructing the free circulation in various parts, will often occasion de-

rangement of the heart's action ; and if not attended to may often lay the foundation of disease. Clerks in banks and counting-houses are frequently subject to these disorders from leaning over, or upon their writing-desks : and children in many of our seminaries, frequently have curvature of the spine and deformity of the chest, produced in the same way. The desks upon which they rest their arms, should be nearly on a level with their shoulders, and their seats should always be supplied with high backs, upon which they should be directed to lean back, when occupied with study. No term in the day should exceed two and a half or three hours ; and large seminaries should always be provided with one large room as a place for exercise, where the pupil can be free from restraint, and jumping ropes, horizontal bars, dumb-bells, &c., should be kept for their use. In this way we might hope to avoid many diseases, and improve the rising generation. The heat of this apartment should be less than that of the school-room, the temperature of which should never exceed sixty-five degrees Fahrenheit. In mild weather the open air would be preferable for exercise. For a minute description of heart diseases, I refer the reader to the works of Laennec.

I would remark, in conclusion of this chapter, that individuals laboring under chronic disease of the heart, or enlargement, are much benefited by attention to a spare diet, and in all cases by avoiding excitement of the mind. Abstemiousness in food, rigid renunciation of stimulating liquors, and above all, peace of mind, are indispensable to ensure recovery in all the affections of the heart. It is in the

treatment of these diseases that the physician must add to the routine of his art, the higher offices of the philosopher and Christian. Without a knowledge of the world, and the workings of the human bosom, he will be often incompetent to counsel; without that faith, which alone "makes wise unto salvation" he will be unable to soothe, strengthen, and console; and he who has not those qualifications which enable him to become the moral teacher and the friend, may, in the majority of these diseases, as well "throw physic to the dogs" as prescribe for the body when it is the vassal of the mind.

ASTHMA.

THIS term, though indefinite, still continues to be employed by the scientific as well as the uneducated; though asthma not unfrequently exists under the name of phthisic, a term often used in some parts of the country. "Difficulus respirare," is perhaps as significant a name as we can give asthma under its varied forms. A name can be of little importance to an individual suffocating with asthma, and yet a name will frequently relieve a patient, or destroy the peace of a whole family.

Among nosological writers names have produced much confusion, and as a necessary consequence have led to a similar result in practice. What one nosologist considers a cause, another describes as an

effect; and medicines highly extolled by one physician, are often decried by another.

Attempts have been made by writers from the earliest history of medicine to distinguish asthma from other diseases of the chest, and this end was supposed to be attained, by terming a slight difficulty of breathing dyspnœa, and laborious respiration asthma. The moderns recognise two primary species—the spasmodic and the humoral.

The parenchyma of the lungs is seldom if ever affected by the disease, while the mucous membrane will invariably be found to be its seat, having its remote cause in the digestive organs primarily, disordering the nervous system, and through this connexion, affecting the lining membrane of the bronchial tubes. In this way the system is continually predisposed to attacks, and when exciting causes occur, such as wet feet, exposure to a damp and cold wind, or a location in a low and marshy section of country, the disease will be produced. Or derangement of the nervous system, proceeding from other causes, may produce asthma, independent of disordered digestion. A remarkable case of this kind occurred to me in 1837. A gentleman in Pittsburg, having received a severe blow upon the back, near the sixth dorsal vertebra, from the falling of a brick while passing under a scaffold erected in front of a new building, was immediately seized with great difficulty of breathing, strongly resembling spasmodic asthma. His physician pursued the best treatment for his relief, which was soon obtained; he was bled freely, and repeatedly leeches on the contused part of the back; purgatives and anti-spasmodics were

used with a simple diet: under this treatment the patient soon recovered.

At the expiration of six weeks from the accident, his breathing became oppressed, and now assumed the decided character of asthma, which yielded to the application of forty leeches to the spine, and large doses of gum *fcetid*. His third attack was as punctual as to time as the second had been, six weeks having again elapsed: this third attack occurred while on a visit to our city, and I was called to visit him during the paroxysm. He gave me the above history of his case, and declared his digestion had never been out of order in the least. Upon examination of the spine I was at once convinced of the fact, that the sympathetic nerves had been sufficient to occasion all the inconvenience from asthma which this patient suffered; and as he had been repeatedly leeches, I presumed all the benefit that could be obtained from this remedy the patient had experienced. I therefore applied moxa about three inches above and below the tender spot on the back, and slight galvanic shocks, and eight drops of Fowler's solution to be taken night and morning. This attack subsided in half an hour after the application of the moxa and galvanism, when the patient observed that he had found the right thing at last. These sores were kept open with *savin* ointment, and the solution continued with galvanism for twelve days. He returned home in the third week after my treatment commenced, and has had but one slight attack since that time; this occurred at the expiration of the first six weeks from his visit to our city. After a lapse of five months he suffered the sores to heal.

Asthma in my opinion is originally spasmodic; becoming humoral either from being connected with some latent inflammation, or from long continued habit. There is doubtless a third species, namely from *gout*, which will generally be found to be hereditary. This we should try to fix in some part less necessary for the functions of life.

Sauvage has employed the word *suspirium*, used by Celsus and Seneca, as a general term to designate asthma. Independently of this authority, it has perhaps a claim to admission into the medical vocabulary from being identified with the person of Virgil; and this moreover, through the pleasant observation of Augustus, who, alluding to the asthma of the epic poet, and the weak eyes of Horace, when seated between them at the table, observed that he was "*inter suspiria et lachrymas*" (between sighs and tears).'

The treatment I have found most beneficial, has been that which was required for the correction of disorders which may be its cause. Derangement of the liver, of the uterus, of the bowels, stomach, spine, or brain, with injuries of the bony walls of the chest, predispose to, while irregularity in sleeping, eating, clothing, and weather, excite the disease. These causes can all be removed by proper medical treatment, and great care on the part of the patient. •

The dyspnœa requires during an attack, some relief, which will always be obtained by taking small doses of the tincture of lobelia and ether, and inhaling a mixture of oxygen and ethereal vapor.

My practice in asthma has invariably been to remove the predisposing cause of the disease; when

this is accomplished, I have generally found its exciting causes were harmless.

I shall conclude the subject of asthma, by introducing some of Dr. Ramadge's remarks, taken from his able work on that disease.

In its uncomplicated state, Asthma, as has been observed, is of very rare occurrence. Since, too, it seldom or never proves fatal, the pathology of this, the spasmodic form, is altogether conjectural. Many physicians, indeed, deny the existence of a purely nervous species. The correctness of this opinion will be examined hereafter. At present, we shall assume the reality of such a disease, and proceed to detail its ordinary symptoms.

The peculiarity of this form consists in the suddenness of its attack, so that no warning would appear to be given. Its ordinary forerunners, when "note of preparation" is sounded, are mental anxiety, extraordinary exertion of any kind, sudden changes in the weather, disagreement of food, and, in short, whatever operates mediately, or immediately, upon the nerves. Thus, it is apparent, that the proximate cause of the spasmodic asthma must, with that of most nervous disorders, remain unknown, until we can resolve that mysterious connexion betwixt the mind and body, which, it seems probable, will ever baffle alike the physiologist and the philosopher.

The symptoms, with which the attack commences, are a sense of general oppression, more particularly in the head and chest. The eyes are affected much in the same manner as in common cold; and there is a feeling of weight and fulness about the pit of the stomach. The patient is heavy and languid; disin.

clined to exertion, drowsy, and apt to fall into disturbed and uneasy slumber. In some cases, a day or two preceding the attack, the patient is sensible, a short time after dinner, of a feeling of weight and over-fullness in the region of the epigastrium, and the stomach is swollen and distended with wind. From the disturbance given to the digestive functions, the eructations are usually acid or insipid. Floyer observes, that he noticed in himself the spasmodic state of the lungs to be so much the more supportable in proportion to the spasm of the intestinal canal, marked by the gaseous distension extending itself to the lower bowel.

As the respiration becomes more difficult, the pain at the chest increases, and the constriction is at last, so intense as to be compared by the sufferer to what might be supposed to arise from cords bound tightly around it. It heaves and dilates as if striving to burst these imaginary bonds, and is again compressed, as it were, by their violent reaction. The stupor and heaviness, at first felt in the head, are not unfrequently replaced, as the attack approaches its height, by severe headache. Slight fever is occasionally present, with its usual concomitants of thirst and restlessness; as are also dryness, corrugation, and pallor of the skin. Cough, of a strictly convulsive nature, seldom at first accompanied by expectoration, comes on, and harasses the patient by its frequency and violence. It appears to the patient as if his lungs were pushed to the top of the thorax; a number of muscles, and indeed the whole muscular apparatus is exerted in aid of the muscles of inspiration, and

sometimes with such efforts that convulsions, and even epileptic symptoms, are the result.

A deadly paleness now overspreads the countenance ; the extremities turn cold, and the wheezing, which accompanies each expiration, is audible at the distance of several yards. The sufferer literally gasps for breath ; the blood-vessels of the eyes become swollen and turgid by the violence of the cough ; and the eyes seem ready to start from their sockets. To speak, at this stage of the paroxysm, is impossible, or if effected, the effort is agony. Even to make a sign with the hand is a distressing exertion ; and to add to this complication of agony, the most even-tempered will at this crisis become fretful and peevish ; and a gesture misinterpreted calls forth a manifestation of passion, and with it an aggravation of every distressing symptom. It not unfrequently happens that the mind participates in the highly-wrought excitement of the body, and adds a train of imaginary terrors to the real tortures which rack the patient's frame. A thousand ills, conjured up by the morbid state of the mental faculties, not only harass the patient in themselves, but by their reaction super-add to the extremity of his suffering. Of course, it will be understood that all these symptoms are not always present ; but some or other of them form the general characteristics of Nervous Asthma.

In the generality of instances, the attack commences towards evening, and after retiring early to bed from the lethargy, which I have mentioned as one of the primary phenomena, the patient is suddenly awakened in a few hours by a feeling of strangulation, and finds that the fit has seized him with all its

violence. Occasionally, however, the asthmatic will, after awakening, lie in a half-dreamy, half-conscious state, sensible in some sort of the approach of the attack, and yet indisposed to rouse up and strive to ward it off by having recourse to preventives. When fully awake, he finds an oppression of the chest, weighing him down like an incubus, and is constrained to sit up, or to quit his bed at once, if, as he imagines, he would escape suffocation. One of the most ordinary symptoms of this disease is an unusual flow of urine of a pale color; but at the termination of the attack it becomes high colored, and deposits a sediment. In fits of short duration, on the contrary, such a limpid state of urine is seldom observed; and the most inconvenient symptom is that of flatulency. A few hours generally bring such fits to the close, and relief is first indicated by the expectoration becoming copious. A disposition to sweat, and irregularity of pulse, are likewise concomitants of these short attacks; which are free from the proneness to sleep before noticed. Frequently, these attacks are repeated at intervals of one or two days, or more, for some period. In such cases the pause, or intermission, between each attack, consists of an abatement of the more violent symptoms, rather than a cure. The patient will, from the delightful contrast presented by present ease to his recent suffering, feel light of heart, and imagine his restoration to health perfect; but a nice observer can easily detect incompleteness and general irregularity of respiration.

I now proceed to the contrast; and do not know that I can explain the mechanical hyperæmia existing in asthma better than by the following passage.

The blood of the right ventricle of the heart not finding a ready passage through the lungs, afflicted as above-mentioned, causes a preternatural quantity of the same fluid in the adjoining auricle, and especially in the great veins opening into it. The consequences of this state are headache, owing to the interruption of the free return of blood from the head ; pulmonary engorgement, through the difficulty the bronchial veins experience in transmitting their blood, by either its direct or circuitous course, into the vena azygos ; and serious derangement, or actual disease, of the most important viscera of the abdomen. The superior cava, preternaturally full of blood, will, by retarding that fluid in the jugular veins, produce pain in the head ; and, by a similar interruption to the circulation of the vena azygos, besides interfering with the free return of the blood into the bronchial veins, it will, in some degree, impair the activity of the kidneys ; the due return of the effete blood of which organs depends on the freedom with which it is conveyed from the vena azygos into the vena cava superior.

Pursuing this train of observation it will not, I think, be unphilosophical to suggest that the great debility accompanying asthma may originate, in some degree, from the want of a due supply of blood to the left side of the heart, and its arterial system.

Having thus presented the ordinary symptoms of the disease, it remains to ascertain the state of the respiration afforded by means of auscultation. No disease presents more anomalies in its auscultative diagnosis than asthma. This partly arises from the

longer, or shorter period, during which the patient has been asthmatic, and is partly owing to other causes of a pathological nature. It has been stated that the inspiration yields little or no sound; but in most cases of nervous asthma examined by me, I have detected the presence of a more than ordinary mucous secretion in the trachea, more or less audible. Spasm of the posterior membrane of the trachea, as well as of the membrane of its cartilaginous rings, is, I am inclined to think, a general accompaniment of this species of the disease; and this is pointed out not less by the impediment presented to the action of swallowing, than by the peculiar manner in which the breath is, as it were, sucked in. The posture, too, in which the patient ordinarily sits, with his head inclined forward, favors this belief: and would seem to show that the spasmodic contraction of the connecting membrane of the rings of the trachea, in some degree, induced this position. That the lungs do not receive their due proportion of air, is conclusively proved by the want of natural clearness in the inspiration.

Much variation exists in the auscultative signs, from the structural difference in the lungs occasioned by the habitual recurrence, or otherwise, of the disease. Thus, as Laennec has observed, the respiration is, in many instances, almost perfectly puerile. Although I do not conceive his explanation of this phenomenon to be satisfactory, I feel convinced, from repeated observations, that portions of pulmonary tissue are at times subject to spasm, and that to antagonize the contraction, the other portions assume an extraordinary power of expansibility: Repeatedly

have I heard that part which at first yielded a clear sound become less distinct, and the parts previously in a state of spasm, give out in their turn a pucile respiration. It has appeared to me that the portion influenced with spasm must by its contraction have the air contained within it forced out; and while the other parts were receiving the air inspired, I have, unless my ear, well accustomed to such minutiae, deceives me, heard the counter stream from the spasm, or spasms of the pulmonary tissue, escape. This phenomenon must not be confounded with that of interlobular emphysema of the lungs, noticed by Laennec, as being of rare occurrence, and the peculiar sound observable in which he denominates the friction of ascent and descent. The latter occurs but rarely in asthmatic patients; whilst the former is met with early in the disease. The sound in this phenomenon, which I believe is now noticed for the first time, is less audible than the dry crepitous bubbling rattle which is the characteristic of interlobular emphysema.

The character of the sound in asthmatic cases varies from a variety of circumstances. Thus the "*râle sonore*," the sonorous rattle, so far from presenting one uniform character, is divided into several sounds perfectly distinct from each other. At times, it resembles the sighing of the wind through the trees; at others, that of air violently forced through a tube, as is the case with the bellows of a forge; and in others again, it acquires a sharper sound, something betwixt a hiss and a whistle. The sound is occasionally broken into a kind of gurgling noise, like that made by a small brook; and, in some in-

stances, like that produced by rubbing the finger over paper of a coarse texture, and uneven surface. This difference of sound depends, in great measure, on the state of the mucous membrane of the trachea and is also modified by the spasm or spasms of the bronchi, as well as their membranous terminations, and on the quickness with which the inspiration is made. Where the paroxysm has been severe, and the patient exhibits much debility, as well as when the attack occurs late in life, a subcrepitous watery râle is sometimes heard, the diagnostic sign of œdema of the lungs. To hear the respiratory process in this, as well as in most other diseases, and more particularly to discern the sound made by the expulsion of air consequent on spasm, an eligible method is to place the ear over the apex of the lungs, or over the fine edges of this organ approaching the sternum.

Another peculiarity, attendant on this disease, will be perceived by auscultation; which is the irregularity and unevenness of the heart's action, occasioned by the effort it makes to overcome the opposing spasm of the respiratory apparatus. Percussion, in patients who suffer from permanent emphysema, produced by a long continuance of the disease, yields a sound clearer than natural; but in recent cases I have not observed this to happen. Much has been written concerning the immobility of the chest in asthma; but this is only observable after a long series of attacks, and when the disorder has become habitual. From the over-exertion of the ribs, caused by excessive and repeated anhelation, their cartilaginous extremities undergo ossification; and I have known this to happen before the age of puberty, the patient

having been affected from childhood. When the disease dates from an early age, this precocious change of structure from cartilage to bone prevents that enlargement of the chest usually seen in asthmatics; but the chest partakes of the generally rounded form, characteristic of the disease, and which arises in part from the antagonism offered by the muscles of inspiration to the contraction of the lungs.

This disease is not unfrequently hereditary; and this, with its fluctuating nature in some, and regular recurrence at stated periods in others, forms another marked feature in asthma. When we meet with cases in which the fits return invariably every month, as they often do at the catamenial period, or at the expiration of a certain number of months, or as we have it on the authority of Heberdén, after every seven years, the regularity of the occurrence, coupled with similar phenomena in other disorders, would induce a belief that there were certain laws of nature, independent of the "seasons' difference" common "to mute and to material things," to which the health of man is periodically subservient.

Bonnet relates, in his "*Sepulchretum Anatomicum*," that he had met with a case of asthma alternating with dysuria; and we find in the "*Ephémérides des Curieux de la Nature*," an account of an asthma which attacked the patient the moment he had composed himself to sleep.

I would remark that the general treatment directed by most physicians for asthma is confined to the period of attack; this often gives much relief, but as remedies are not continued during the time of intermission, the disease returns at stated intervals with

all its horrors. A disease so purely intermittent in its nature, can only be eradicated by a careful continuation of remedies during the intermission, which shall tend to alter the state of the system to a degree that must certainly prevent its recurrence.

The chylopoietic viscera should be particularly attended to during the intermission, by the removal of crudities of the prima via, by regulating the diet, and the use of such medicines as may tend to keep up a healthy peristaltic action of the bowels, and the alterative pill of nitro-muriate of gold. During the attack the treatment should be entirely directed to the nervous system; galvanism—a never-failing remedy in the treatment of pure neuralgia—should alone be relied on during the fit of asthma.

This has always been my practice, and the success attending it prevents my seeking a better.

CONTENTS.

Consumption Curable,.....	5
Causes of Consumption,.....	16
Auxiliary Causes of Consumption,.....	21
Structure of the Lungs,.....	29
Of the Serous and Mucous Membranes,.....	33
Of Tubercles,.....	34
With regard to Exercise,.....	60
Treatment of Consumption,.....	64
Testimonials,.....	88
Glandular Disease,.....	91
Consumptive Diseases of Joints,.....	92
Diseases of the Heart,.....	97
Asthma,.....	106

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Rare, Jacob

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